

**Wisconsin  
Nursing Homes  
and  
Facilities for the Developmentally Disabled  
2000**

**December 2001**

**Bureau of Health Information  
Division of Health Care Financing  
Department of Health and Family Services**

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## Foreword

This report presents key statistical information about Wisconsin nursing homes and their residents, as well as facilities for the developmentally disabled and their residents.

The source of data for most of the information in this report is the 2000 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Supportive Living, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin nursing homes and facilities for the developmentally disabled who provided information about their facilities and residents.

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A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://www.dhfs.state.wi.us/provider/index.htm>. Suggestions, comments and requests for additional data may be addressed to:

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## Introduction

All of the information about facilities and most of the information about residents in this report is derived from the 2000 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility residents and the number of staffed beds as of December 31, 2000. Other data items, such as the number of inpatient days, were reported for all of calendar year 2000.

The report is divided into two sections. Section I presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs). Section II presents data from facilities for the developmentally disabled (FDDs) (defined by Wis. Admin. Code HFS 134.13(13)).

In 2000, there were 419 nursing homes and 37 FDDs licensed to provide services in Wisconsin under state administrative codes HFS 132 and HFS 134. As in previous years, this report excludes information from the three State Centers for the Developmentally Disabled, because these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled. Also excluded are data reported by Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on the excluded facilities can be found in the *Wisconsin Nursing Home Directory, 2000* (compiled by the Bureau of Health Information, Department of Health and Family Services).

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 421 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 29, 30 and 31 in this report are based on the MDS resident-based data collected from the 421 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 2000 based on MDS data differed somewhat from the aggregate count of residents taken on December 31. See the Technical Notes (page 83) for a description of how this discrepancy was handled in preparing the data.

Nursing homes and FDDs in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness. Facilities for the developmentally disabled (FDDs) treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy.

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For reimbursement purposes, residents of nursing homes and facilities for the developmentally disabled are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Residents of facilities for the developmentally disabled (FDDs) are assigned one of four levels of care, based on their severity of developmental disability, health needs and extent of maladaptive behavior. Residents with fragile health are assigned DD care level 1A, those with behavioral problems are assigned DD care level 1B, persons with moderate developmental disabilities are assigned DD care level 2, and those with mild developmental disabilities are assigned DD care level 3.



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## Key Findings

### Nursing Homes

- Wisconsin had 419 nursing homes in 2000, including 411 skilled nursing facilities (SNFs), 4 intermediate care facilities (ICFs), and 4 institutions for mental diseases (IMDs).
- From 1995 to 2000, the following measures of Wisconsin nursing home utilization declined.
  - ⇒ Staffed beds declined from 47,600 to 42,900, a decrease of 10 percent.
  - ⇒ The percent of nursing home beds that were vacant (licensed but not staffed) reached 6.7 percent in 2000.
  - ⇒ The total number of residents on December 31 declined 12 percent, from 43,800 to 38,400.
  - ⇒ The number of inpatient days also declined 12 percent, from 16.1 million to 14.2 million.
  - ⇒ Percent occupancy decreased from 91.6 percent to 84.5 percent (7.1 percentage points.)
  - ⇒ The nursing home utilization rate decreased from 60 to 51 per 1,000 for persons aged 65 and over (16 percent), and from 247 to 201 per 1,000 for persons aged 85 and over (18 percent).
- Over the same period, annual admissions increased from 39,207 to 51,277, or 31 percent.
- Between 1999 and 2000, the number of staffed beds and total inpatient days increased in five counties: Barron, Grant, Washington, Winnebago and Wood.
- In 2000, 66 percent of all licensed SNF beds (30,079 out of 45,534) were Medicare-certified, up from 58 percent in 1999.
- Between 1990 and 2000, the number of beds in special units for Alzheimer's disease increased 108 percent, while the number of residents with a primary diagnosis of Alzheimer's was up only 23 percent. As a result, there were 1.2 Alzheimer's residents for every Alzheimer's bed in 2000, down from 2.0 for each bed in 1990.
- Although the number of staffed beds declined in Milwaukee, Dane and Waukesha counties in 2000, all three of these counties experienced an increase in Medicare-certified beds.
- The average per diem rate in 2000 for care received by nursing home residents was \$123, an increase of 3.4 percent from 1999 (\$119). This increase was equal to the overall rate of inflation in 2000, as measured by the consumer price index.
- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 97.8 in 1999 to 100.5 in 2000.
- The number of FTE nursing assistants per 100 residents increased from 38.7 in 1999 to 40.3 in 2000.
- In skilled nursing facilities, average daytime direct care hours worked by registered nurses increased from 30.4 hours per 100 residents in 1999 to 33.6 hours per 100 residents in 2000 (or 10 percent).

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- Between 1998 and 2000, on average, nursing homes in Wisconsin provided 3.2 hours of direct care per day per resident at the skilled level of care, at least 27 percent higher than the state minimum requirement. Of the 3.2 hours, approximately one hour was provided by either an RN or an LPN, and 0.6 hour was RN care only.
  - In 2000, the percent of nursing staff who had worked at the facility for more than one year declined across all facilities.
  - Among residents admitted in 2000 at the intense skilled nursing level of care, Medicare was the primary pay source for 78 percent, up from 74 percent in 1999. Seven percent of admissions (compared to 6 percent in 1999) were at the intense skilled level of care.
  - In 2000, 86 percent of the residents who received intense skilled nursing care at admission were aged 65 and over, compared to 83 percent in 1999.
  - Seventy-six percent of people admitted to Wisconsin nursing homes in 2000 were 75 years of age and older, compared to 74 percent in 1999. This increase reflects the higher proportion of persons aged 85 - 94 (up from 31 percent to 33 percent).
  - Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2000, 18 percent went to acute care hospitals, up from 16 percent in 1999.
  - Nursing home utilization rates declined in 2000 for all age groups except those aged 95 and over. Nearly half of Wisconsin adults aged 95 and over were residing in a nursing home in 2000.
  - From 1999 to 2000, the percent of SNF and ICF residents who had been in the nursing home four or more years decreased from 26 percent to 24 percent, while the percent who had been there one to two years increased from 17 percent to 19 percent.
  - The largest group of nursing home residents was aged 85-94, who accounted for 41 percent of all residents.
  - The percent of nursing homes which had no physically restrained residents increased from 4 percent in 1992 to 16 percent in 2000.
  - Eighteen percent of nursing home residents were independent in all four Activities of Daily Living (ADLs) in 2000, compared to 19 percent in 1999.

### **Facilities for the Developmentally Disabled**

- From 1995 to 2000, the following measures of utilization of Wisconsin facilities for the developmentally disabled (FDDs) declined.
  - ⇒ The number of FDDs decreased from 40 to 37 (8 percent).
  - ⇒ Total FDD residents declined 12 percent (from 2,200 to 1,930) while the FDD utilization rate was down from 0.43 to 0.36 per 1,000 total population.

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- ⇒ The number of inpatient days was down 14 percent, from 0.82 million to 0.70 million.
  - ⇒ Percent occupancy decreased from 92.8 percent to 91.7 percent.
  - The percent of FDD residents using Medicaid as their primary pay source increased from 98.5 to 99.2 percent.
  - From 1999 to 2000, the percent of FDD beds not staffed decreased in both nonprofit facilities (from 6 percent to 5 percent) and proprietary facilities (from 2 percent to zero).
  - Inpatient days for FDDs statewide declined by 1.2 percent in 2000.
  - The average per diem rate in 2000 for care received by FDD residents was \$142, up 2.4 percent from 1999. The overall rate of inflation in 2000 was 3.4 percent.
  - The statewide turnover rates of full-time nursing staff in FDDs increased between 1999 and 2000. The turnover rate increased from 18 percent to 21 percent for full-time RNs; from 20 percent to 28 percent for full-time LPNs; and from 40 percent to 56 percent for full-time nursing assistants.
  - Statewide, the percent of full-time nursing staff in FDDs who had worked at the facility for more than one year declined in 2000.
  - Total admissions to FDDs increased by 3 percent in 2000, to 273.
  - Between 1999 and 2000, the number of residents admitted at the DD1B level of care declined by 20 percent (from 107 to 86).
  - Medicaid was the primary pay source for 96 percent of all FDD admissions in 2000, up from 87 percent in 1999.
  - Between 1999 and 2000, the number of FDD admissions who were between age 20 and 54 decreased by 21 percent (from 82 to 65).
  - Between 1999 and 2000, the percent of FDD resident discharges that were to board and care, assisted living and group homes increased from 17 percent to 25 percent.
  - FDD residents at the DD1A level of care declined 6 percent between 1999 and 2000, while the total number of FDD residents declined less than 1 percent.
  - On December 31, 2000, Medicaid was the primary pay source for 99 percent of all FDD residents.
  - From 1990 to 2000, the age distribution of FDD residents changed, with increases in the percentages in older age groups (ages 65-74 and 75+).
  - On December 31, 2000, 11 percent of FDD residents statewide were being physically restrained in one or more ways, compared to 7 percent of nursing home residents.
  - Fifty-one percent of FDDs statewide were not using any physical restraints on December 31, 2000, up from 34 percent on December 31, 1992.



## Section I

### Nursing Homes and Residents



**Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1995-2000**

Utilization Measure	1995	1996	1997	1998	1999	2000
<b>As of December 31:</b>						
Number of Nursing Homes	420	421	428	425	424	419
Licensed Beds	48,319	48,112	48,016	47,780	47,296	45,978
Beds Set Up and Staffed	47,596	47,195	46,835	46,239	44,920	42,883
Percent Beds Vacant	1.5	1.9	2.5	3.2	5.0	6.7
Total Residents	43,767	43,079	42,042	40,625	39,719	38,381
Residents Age 65 and Over						
Number	40,850	40,159	39,132	37,764	36,864	35,643
Percent	93.3	93.2	93.1	93.0	92.8	92.9
Rate per 1,000 Population*	59.9	58.6	56.8	54.3	52.9	50.7
Residents Age 85 and Over						
Number	20,615	21,450	20,856	20,281	19,725	19,236
Percent	47.1	49.8	49.6	49.9	49.7	50.1
Rate per 1,000 Population*	246.6	247.3	234.5	216.4	206.6	201.2
Medicaid Residents (Percent)	64.0	66.7	67.2	67.7	66.8	66.8
<b>Calendar Year:</b>						
Inpatient Days	16,136,665	15,902,665	15,485,202	15,016,447	14,596,115	14,186,112
Percent Change	-0.4	-1.4	-2.6	-3.0	-2.8	-2.8
Average Daily Census	44,243	43,495	42,530	41,257	40,004	38,852
Percent Occupancy**	91.6	90.4	88.6	86.3	84.6	84.5
Total Admissions	39,207	43,564	49,143	51,277	51,186	51,277
Total Discharges and Deaths	39,757	44,143	50,067	52,462	51,984	51,947

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

\* The rate is the number of nursing home residents per 1,000 population in this age group.

\*\* Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

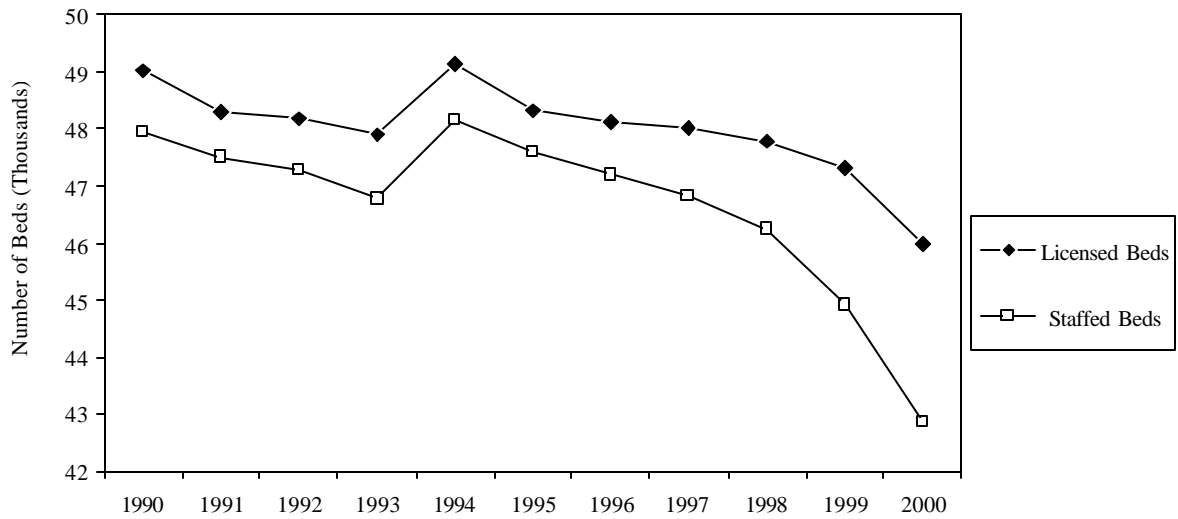
Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14 (1)). Facilities for the developmentally disabled (FDDs) have been analyzed separately (see Section II). The “nursing home” findings for years before 1999 in this report differ slightly from those published earlier, because the data for those years were recalculated to exclude FDDs.

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Nursing home admissions and discharges reported since 1996 are not comparable with those reported before that year due to changes in the federally mandated Minimum Data Set (MDS), Version 2.0. Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

- From 1995 to 2000, the following measures of Wisconsin nursing home utilization declined.
  - ⇒ Staffed beds declined from 47,600 to 42,900, a decrease of 10 percent.
  - ⇒ The percent of nursing home beds that were vacant (licensed but not staffed) reached 6.7 percent in 2000.
  - ⇒ The total number of residents on December 31 declined 12 percent, from 43,800 to 38,400.
  - ⇒ The number of inpatient days also declined 12 percent, from 16.1 million to 14.2 million.
  - ⇒ Percent occupancy decreased from 91.6 percent to 84.5 percent (7.1 percentage points.)
  - ⇒ The nursing home utilization rate decreased from 60 to 51 per 1,000 for persons aged 65 and over (16 percent), and from 247 to 201 per 1,000 for persons aged 85 and over (18 percent).
- Over the same period, annual admissions increased from 39,207 to 51,277, or 31 percent.

**Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, Wisconsin 1990-2000**

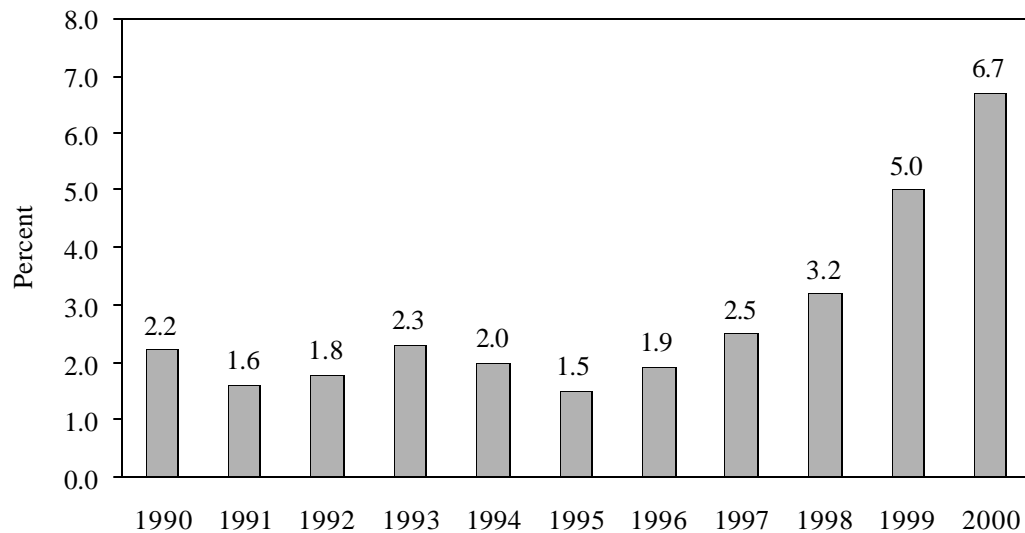


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy.

Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

**Figure 2. Percent of Nursing Home Licensed Beds Vacant, Wisconsin 1990-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1990 to 2000, the number of licensed beds declined 6 percent, from 49,000 to 46,000. The number of staffed beds decreased 11 percent during this decade, from 48,000 to less than 42,900.
- The percent of licensed beds that were vacant (not staffed) more than tripled, from 2.2 percent to 6.7 percent.



**Table 2. Nursing Home Capacity by Licensure Category, Facility Ownership and Bed Size, Wisconsin 2000**

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Vacant	Percent Occupancy
	Number	Percent	Number	Percent		
<b>State Total</b>	419	100%	45,978	100%	7%	84.5%
<b>Licensure Category</b>						
Skilled Nursing Facilities	411	98	45,534	99	7	84.5
Intermediate Care Facilities	4	1	134	<1	24	73.1
Institutions for Mental Diseases	4	1	310	1	9	84.5
<b>Facility Ownership</b>						
Governmental	60	14	8,796	19	6	85.9
Nonprofit	161	38	16,375	36	4	89.4
Proprietary	198	47	20,807	45	9	80.0
<b>Bed Size</b>						
Less than 50 beds	43	10	1,376	3	3	84.2
50-99 beds	185	44	13,652	30	4	86.8
100-199 beds	148	35	19,231	42	7	84.3
200 beds and over	43	10	11,719	25	9	82.2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Vacant beds are licensed beds that are not set up and staffed.

The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

- Five skilled nursing facilities (SNFs) in Wisconsin closed in 2000. Four were proprietary homes, and one was a nonprofit home.
- Compared with 1999, the number of licensed beds in SNFs decreased 4 percent for proprietary homes, and 3 percent for nonprofit homes.
- Four of the five SNFs that closed had a bed size of 200 or more.
- In 2000, the number of licensed beds for nursing homes with a bed size of 200 or more declined by 8 percent.
- The number of licensed beds in the four institutions for mental diseases increased by 16 percent in 2000 (from 267 to 310).
- The overall occupancy rate for Wisconsin nursing homes remained at 85 percent in 2000.

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 2000**

County of Location	Facilities On 12/31/00	Licensed Beds on 12/31/00	Staffed Beds on 12/31/00	Total Inpatient Days	Residents on 12/31/00	Average Daily Census	Percent Occupancy
<b>State Total</b>	419	45,978	42,883	14,186,112	38,381	38,852	84.5
Adams	2	123	120	37,907	100	104	84.6
Ashland	3	311	266	84,310	225	230	74.0
Barron	8	538	529	172,051	475	470	87.4
Bayfield	1	77	75	26,493	73	72	93.5
Brown	14	1,429	1,338	447,409	1,198	1,222	85.5
Buffalo	2	166	150	50,486	142	138	83.1
Burnett	2	147	147	50,746	133	139	94.6
Calumet	3	252	232	76,013	187	207	82.1
Chippewa	7	765	694	246,818	670	674	88.1
Clark	4	480	461	152,720	409	417	86.9
Columbia	5	544	533	176,187	486	481	88.4
Crawford	2	165	157	52,847	144	144	87.3
Dane	21	2,087	1,963	654,821	1,775	1,790	85.8
Dodge	10	1,149	1,082	367,354	990	1,004	87.4
Door	3	237	215	70,212	191	192	81.0
Douglas	5	550	507	162,189	419	442	80.4
Dunn	3	303	277	86,641	246	237	78.2
Eau Claire	7	757	679	220,691	611	603	79.7
Florence	1	74	74	24,695	63	67	90.5
Fond du Lac	10	1,011	961	305,405	828	836	82.7
Forest	2	143	143	49,738	133	136	95.1
Grant	9	662	638	202,998	578	590	89.1
Green	3	331	303	99,430	266	271	81.9
Green Lake	3	237	220	67,903	185	186	78.5
Iowa	3	197	197	56,887	160	156	79.2
Iron	2	106	106	38,414	106	105	99.1
Jackson	2	225	191	66,152	175	181	80.4
Jefferson	4	429	363	117,998	322	322	75.1
Juneau	3	200	200	70,824	194	194	97.0
Kenosha	9	1,146	963	322,988	911	891	77.8
Kewaunee	2	150	135	42,881	108	117	78.0
La Crosse	8	1,148	1,062	347,782	888	949	82.7
Lafayette	1	101	97	30,462	82	83	82.2
Langlade	1	173	161	55,932	159	153	88.4
Lincoln	3	349	333	107,170	286	293	84.0
Manitowoc	6	901	878	301,485	821	823	91.3
Marathon	6	870	811	285,336	767	780	89.7
Marinette	6	641	630	210,246	551	575	89.7
Marquette	1	48	48	11,844	36	32	66.7
Milwaukee	57	8,170	7,338	2,415,895	6,518	6,606	80.9
Monroe	4	365	355	104,349	314	326	89.3

(Continued)

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 2000 (Continued)**

County of Location	Facilities On 12/31/00	Licensed Beds on 12/31/00	Staffed Beds on 12/31/00	Total Inpatient Days	Residents On 12/31/00	Average Daily Census	Percent Occupancy
Oconto	3	278	262	83,879	245	230	82.7
Oneida	3	317	310	104,755	282	286	90.2
Outagamie	10	1,114	1,026	348,088	925	949	85.2
Ozaukee	4	529	473	167,181	449	457	86.4
Pepin	2	128	128	38,468	101	105	82.0
Pierce	5	337	289	98,353	256	270	80.1
Polk	6	479	450	152,368	423	416	86.9
Portage	2	309	309	97,379	258	266	86.1
Price	2	252	232	76,598	207	209	82.9
Racine	7	1,031	1,002	322,074	936	880	85.4
Richland	2	148	136	46,241	128	126	85.1
Rock	9	1,101	1,015	349,627	896	955	86.7
Rusk	2	161	154	52,259	142	143	88.8
St. Croix	9	698	640	207,009	552	565	81.0
Sauk	6	491	476	152,730	420	417	84.9
Sawyer	2	136	136	48,320	131	132	97.1
Shawano	5	507	473	140,171	384	383	75.5
Sheboygan	12	1,295	1,172	375,556	1,032	1,025	79.2
Taylor	3	254	225	73,508	201	202	79.5
Trempealeau	9	560	539	188,838	520	516	92.1
Vernon	4	364	349	117,323	311	321	88.2
Vilas	2	177	146	44,611	116	121	68.4
Walworth	8	729	708	231,516	613	633	86.8
Washburn	2	160	160	56,208	152	154	96.3
Washington	5	866	850	254,953	691	697	80.5
Waukesha	18	2,276	2,172	733,067	1,969	2,003	88.0
Waupaca	11	1,489	1,468	504,898	1,375	1,379	92.6
Waushara	2	161	150	46,176	118	126	78.3
Winnebago	10	1,154	1,100	382,128	1,039	1,049	90.9
Wood	6	720	701	219,121	584	599	83.2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The number of residents was based on the county of residence prior to entering the nursing home.

Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

Menominee County is not listed because there are no nursing homes in the county.

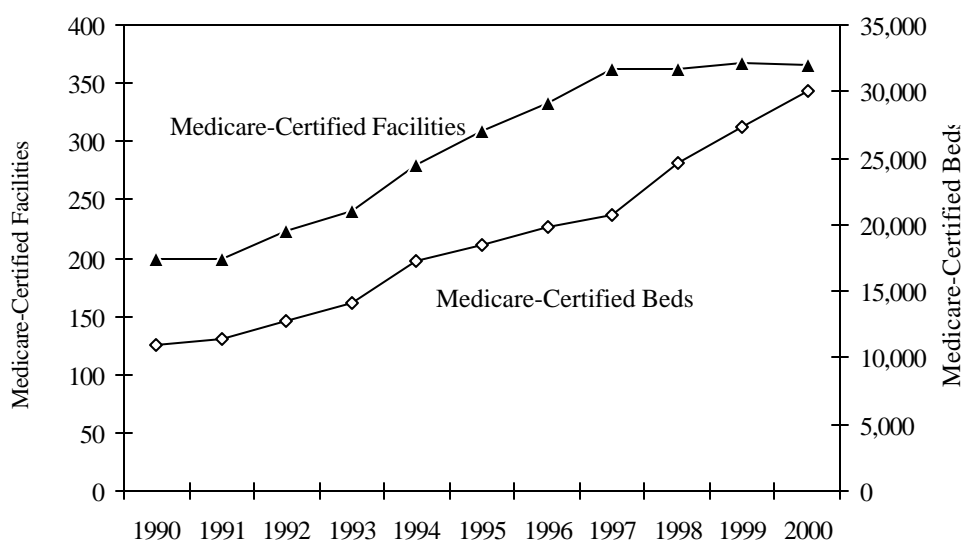
- Staffed beds on December 31, 2000 in Milwaukee County declined 10 percent from 1999, while staffed beds statewide declined 5 percent.
- Between 1999 and 2000, the number of staffed beds and total inpatient days increased in five counties: Barron, Grant, Washington, Winnebago and Wood.

**Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1990-2000**

Year	Medicaid-Certified Facilities		Medicare-Certified Facilities		Medicare-Certified Beds	
	Number	Percent	Number	Percent	Number	Percent
1990	402	96	199	47	10,896	22
1991	396	96	200	48	11,374	24
1992	393	96	223	55	12,710	26
1993	390	97	240	60	14,132	30
1994	402	97	279	67	17,236	35
1995	402	96	309	74	18,412	38
1996	403	96	333	79	19,761	41
1997	403	94	362	85	20,716	43
1998	403	95	363	85	24,677	52
1999	404	95	368	87	27,320	58
2000	400	95	366	87	30,079	65

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

**Figure 3. Number of Medicare-Certified Facilities and Beds, Wisconsin 1990-2000**



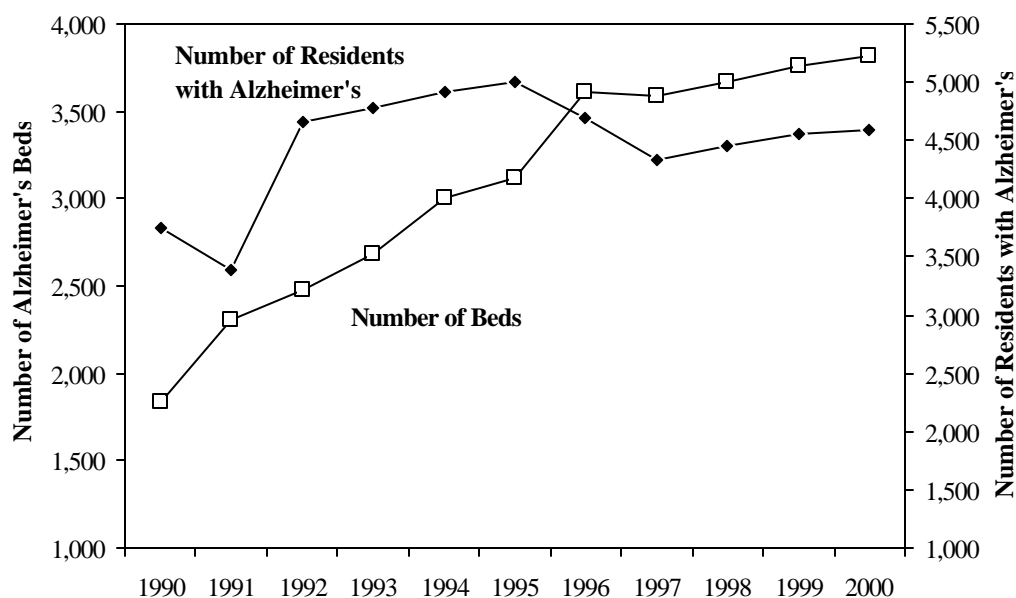
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Between 1990 and 2000, Medicare-certified beds almost tripled (from 10,900 to 30,100 beds).
- Although the number of facilities certified by Medicare increased only 1 percent between 1997 and 2000, Medicare-certified beds increased 45 percent during that time.
- In 2000, 66 percent of all licensed SNF beds (30,079 out of 45,534) were Medicare-certified, up from 58 percent in 1999.

**Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, Wisconsin 1990-2000**

Year	Number of Facilities	Percent of Facilities	Number of Alzheimer's Beds	Total Residents With Alzheimer's
1990	49	12%	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547
2000	133	32%	3,821	4,595

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

**Figure 4. Number of Alzheimer's Beds and Residents with Alzheimer's, Wisconsin 1990-2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Between 1990 and 2000, the number of beds in special units for Alzheimer's disease increased 108 percent, while the number of residents with a primary diagnosis of Alzheimer's was up only 23 percent. As a result, there were 1.2 Alzheimer's residents for every Alzheimer's bed in 2000, down from 2.0 for each bed in 1990.
- The percent of SNFs which had self-designated special units for residents with Alzheimer's disease increased by 2 points (30 percent to 32 percent) from 1999 to 2000.

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2000**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
<b>State Total</b>	366	30,079	133	3,821
Adams	1	102	0	0
Ashland	2	163	1	47
Barron	4	288	3	61
Bayfield	1	77	0	0
Brown	13	669	4	108
Buffalo	2	150	1	12
Burnett	2	70	1	24
Calumet	3	171	1	12
Chippewa	5	245	2	114
Clark	4	295	3	78
Columbia	5	472	3	50
Crawford	2	157	0	0
Dane	20	1,626	5	112
Dodge	10	879	1	43
Door	3	114	2	32
Douglas	4	172	1	33
Dunn	2	116	2	34
Eau Claire	7	509	3	52
Florence	1	36	0	0
Fond du Lac	9	560	6	141
Forest	2	143	2	39
Grant	9	531	4	66
Green	3	263	2	43
Green Lake	3	176	1	12
Iowa	3	197	1	26
Iron	1	34	0	0
Jackson	2	111	1	28
Jefferson	4	186	0	0
Juneau	3	200	1	12
Kenosha	9	855	2	62
Kewaunee	2	130	1	12
La Crosse	7	748	3	122
Lafayette	1	97	1	8
Langlade	1	161	0	0
Lincoln	3	219	0	0
Manitowoc	5	351	3	139
Marathon	6	749	1	28
Marinette	6	453	4	67
Marquette	1	48	0	0
Milwaukee	52	5,661	19	761
Monroe	3	244	1	32

(Continued)

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2000**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
Oconto	3	199	2	32
Oneida	2	74	2	56
Outagamie	9	1,002	3	84
Ozaukee	4	381	1	34
Pepin	2	86	0	0
Pierce	5	277	2	34
Polk	3	193	1	17
Portage	2	70	0	0
Price	2	99	1	30
Racine	6	823	3	160
Richland	1	22	1	12
Rock	8	567	3	86
Rusk	2	161	0	0
St. Croix	9	622	1	10
Sauk	4	352	1	16
Sawyer	2	92	0	0
Shawano	4	329	3	45
Sheboygan	8	479	2	52
Taylor	2	122	0	0
Trempealeau	4	276	1	24
Vernon	4	364	1	20
Vilas	1	82	1	23
Walworth	7	446	1	67
Washburn	1	70	0	0
Washington	5	786	2	108
Waukesha	15	2,018	5	189
Waupaca	9	550	3	98
Waushara	2	88	2	31
Winnebago	9	651	3	75
Wood	5	370	2	108

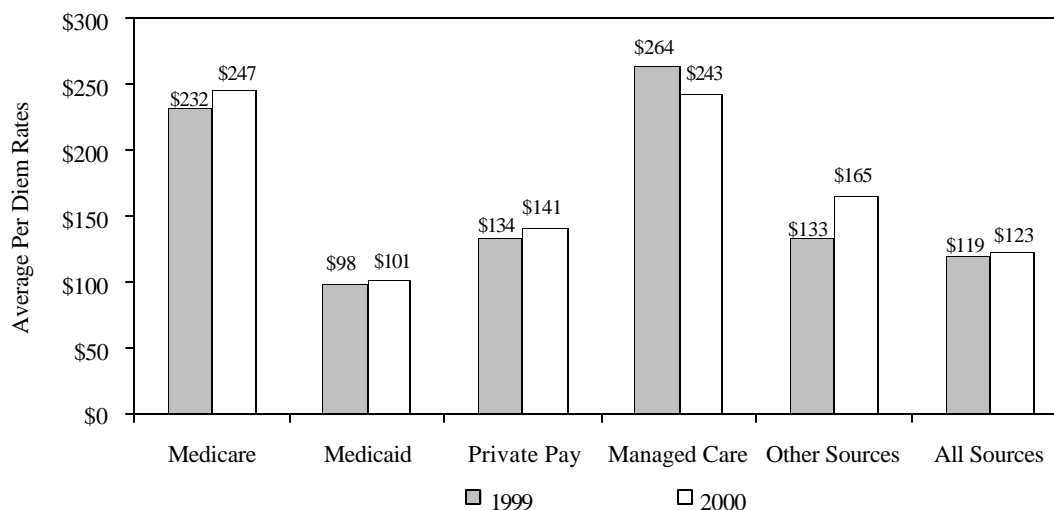
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units.

Menominee County is not listed because there are no nursing homes in the county.

- Between 1999 and 2000, five counties had a growth rate ranging from 88 percent to 629 percent in the number of Medicare-certified beds: Adams, Ashland, Calumet, Crawford and Polk.
- Although the number of staffed beds declined in Milwaukee, Dane and Waukesha counties in 2000, all three of these counties experienced an increase in Medicare-certified beds.

**Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, Wisconsin, December 31, 1999 and 2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: "Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

- The average per diem rate in 2000 for care received by nursing home residents was \$123, an increase of 3.4 percent from 1999 (\$119). This increase was equal to the overall rate of inflation in 2000, as measured by the consumer price index.
- Managed care was the only primary pay source which had a lower average per diem rate in 2000 than in 1999. It declined 8 percent, from \$264 to \$243.
- The average per diem rate for Medicare increased 6.5 percent in 2000, from \$232 to \$247.
- The Medicaid per diem rate was up by 3.1 percent in 2000, from \$98 to \$101.
- The per diem rate for private pay increased by 5.2 percent in 2000, from \$134 to \$141.
- The per diem rate for other pay sources was up 24 percent in 2000, from \$133 to \$165.



**Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2000**

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	\$250	\$119	\$154	\$300	\$136*	\$151
Skilled Nursing	247	102	142	232	166	125
Intermediate	N/A	86	128	---	147*	95
Limited	N/A	81	118	---	---	97
Personal	N/A	55*	94*	---	---	93*
Residential	N/A	---	54*	---	---	54*
Traumatic Brain Injury	---	531*	650*	625*	---	548
Ventilator-Dependent	---	344*	---	620*	223*	363*
Developmental Disabilities (DD1A)	N/A	139	136*	---	---	139
Developmental Disabilities (DD1B)	N/A	151*	---	---	---	151*
Developmental Disabilities (DD2)	N/A	128	---	---	---	128
Developmental Disabilities (DD3)	N/A	103*	---	---	---	103*
All Levels	\$247	\$101	\$141	\$243	\$165	\$123

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An “NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A “\*” indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

A “---” indicates there were no residents in the category.

“Other Sources” includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

- Managed care had the highest average per diem rate for intense skilled nursing care (\$300), while Medicare had the highest average per diem rate for skilled nursing care (\$250).

**Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years, Wisconsin**

Type of Service	1995	1996	1997	1998	1999	2000
Home Health Care	9	11	15	10	9	7
Supportive Home Care	27	27	25	24	20	25
Personal care	14	15	12	13	12	14
Household services	13	12	13	11	8	11
Day Services	19	18	18	20	25	29
In community setting	3	4	4	4	3	1
In nursing home setting	17	14	14	17	22	28
Respite Care	115	130	133	137	163	158
In patient's home	6	3	3	4	2	4
In nursing home setting	111	129	133	135	163	157
Adult Day Care	85	75	77	85	82	81
In community setting	6	9	9	11	9	12
In nursing home setting	80	67	70	77	75	71
Adult Day Health Care	9	11	12	15	15	11
Congregate Meals	44	49	46	45	49	50
In community setting	31	35	35	32	32	33
In nursing home setting	17	16	13	14	18	18
Home-Delivered Meals	61	66	65	59	61	59
Other Meal Services	34	34	40	43	41	39
Referral Service	35	43	37	35	39	35
Transportation	27	26	29	29	31	26

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 81).  
Nursing homes may offer specific services in more than one setting.

- Twenty-eight percent of nursing homes provided some kind of meal services to non-residents in 2000.

**Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 2000**

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	35	58%	96	60%	101	51%	232	55%
Inactive Family Council	1	2	3	2	5	3	9	2
Active Family Council, meets:	24	40	62	39	92	46	178	42
As often as needed	2	3	5	3	7	4	14	3
Less than quarterly	1	2	5	3	4	2	10	2
Once in three months	4	7	22	14	49	25	75	18
Once a month	10	17	20	12	24	12	54	13
Once a week	0	0	0	0	0	0	0	0
Other	7	12	10	6	8	4	25	6
Total	60	100%	161	100%	198	100%	419	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Fourteen facilities did not respond to this question.

Federal Health Care Financing Administration (HCFA) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."

Percentages may not add to 100 percent due to rounding.

- Forty-six percent of proprietary facilities had an active Family Council in 2000, compared with 39 percent of nonprofit homes.
- Of the 178 facilities with an active Family Council, 72 percent met either once a month (54 facilities) or once every three months (75 facilities).

**Table 10. Nursing Home Employees, Wisconsin 2000**

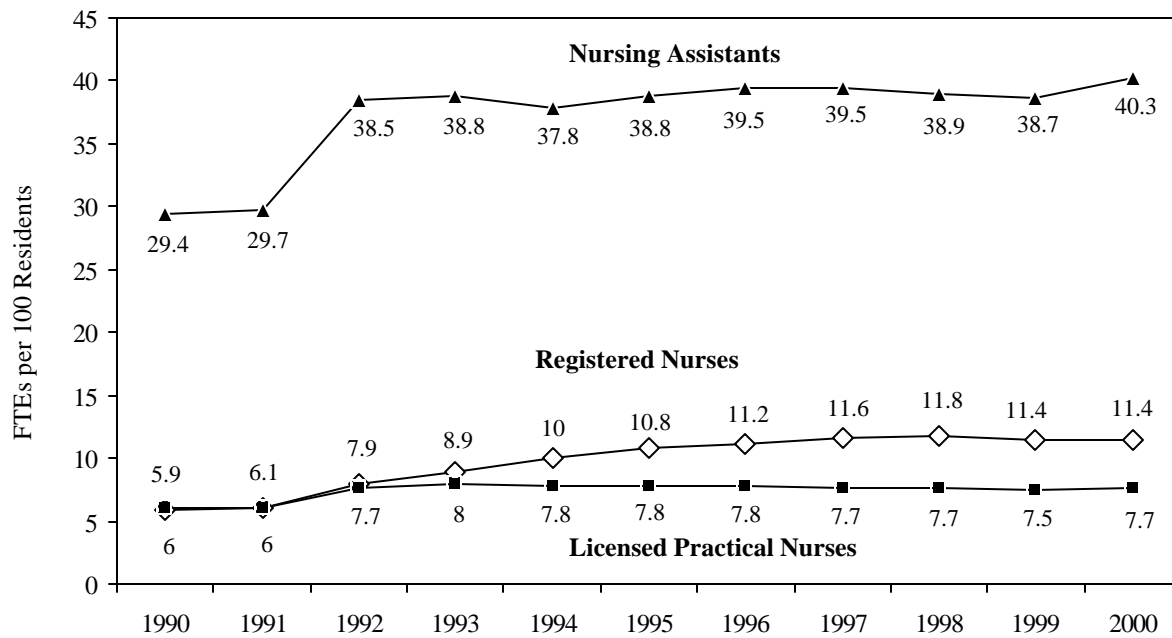
<b>Employee Category</b>	<b>Full-Time Equivalent Employees (FTEs)</b>	<b>FTEs per 100 Residents</b>
<b>Nursing Services</b>		
Registered Nurses	4,388.5	11.4
Licensed Practical Nurses	2,950.2	7.7
Nursing Assistants/Aides	15,479.8	40.3
Certified Medication Aides	259.0	0.7
<b>Therapeutic Services</b>		
Physicians and Psychiatrists	8.8	<1
Psychologists	10.1	<1
Dentists	1.2	<1
Activity Directors and Staff	1,286.5	3.4
Physical Therapists and Assistants	366.1	1.0
Occupational Therapists and Assistants	248.7	0.6
Recreational Therapists	98.9	0.3
Restorative Speech Therapists	47.4	0.1
AODA Counselors	2.6	<1
Qualified Mental Retardation Specialists	5.3	<1
Qualified Mental Health Professionals	4.1	<1
<b>Other Services</b>		
Dietitians and Food Workers	4,679.4	12.2
Social Workers	704.2	1.8
Medical Records Staff	463.0	1.2
Administrators	457.2	1.2
Pharmacists	52.0	0.1
Other Health Prof. and Technical Personnel	841.7	2.2
Other Non-Health-Prof. and Non-Technical Personnel	6,234.6	16.2
<b>Statewide Total</b>	<b>38,592.1</b>	<b>100.5</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 97.8 in 1999 to 100.5 in 2000.
- From 1999 to 2000, the total number of FTEs declined less than 1 percent (from 38,840 to 38,590) even though the number of nursing home residents on December 31 was down 3.4 percent. The number of admissions stayed about the same.

**Figure 6. Nursing Staff per 100 Nursing Home Residents, Wisconsin 1990-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of FTE nursing assistants per 100 residents increased from 38.7 in 1999 to 40.3 in 2000.
- The number of FTE registered nurses and FTE licensed practical nurses per 100 residents remained the same between 1999 and 2000.

**Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, December 3-16, 2000**

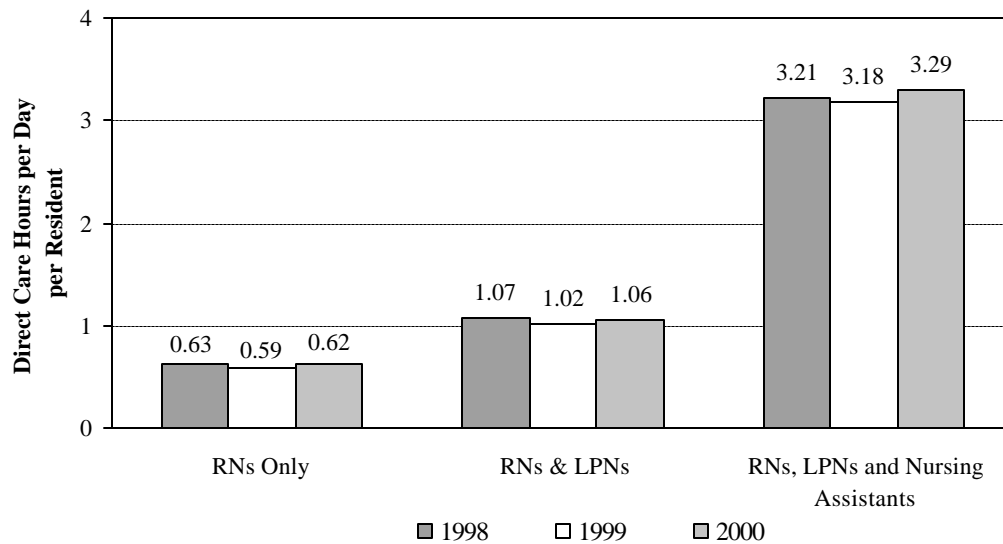
		Direct Care Hours Worked per 100 Residents					
		Registered Nurses			Licensed Practical Nurses		
		Day	Evening	Night	Day	Evening	Night
<b>Week 1</b>	Sunday	22.7	17.9	10.4	18.4	16.0	8.4
	Monday	37.6	18.9	10.4	19.7	15.9	8.4
	Tuesday	38.6	18.7	10.4	19.8	16.6	8.4
	Wednesday	39.4	18.8	10.7	19.9	16.8	8.2
	Thursday	39.4	19.2	10.5	20.3	16.5	8.5
	Friday	35.8	18.6	10.4	19.8	16.1	8.8
	Saturday	22.3	17.1	10.1	18.2	16.3	8.4
<b>Week 2</b>	Sunday	23.6	17.2	10.3	17.6	16.1	8.1
	Monday	37.1	18.4	10.5	19.1	16.0	8.2
	Tuesday	37.4	18.8	10.7	20.5	16.2	8.5
	Wednesday	39.1	18.9	10.8	19.8	16.7	8.3
	Thursday	39.1	18.8	10.5	20.0	16.4	8.3
	Friday	35.9	18.0	10.0	19.4	16.2	8.5
	Saturday	22.2	17.3	10.2	18.0	15.8	8.1
<b>Average</b>		<b>33.6</b>	<b>18.3</b>	<b>10.4</b>	<b>19.3</b>	<b>16.3</b>	<b>8.4</b>
		Nursing Assistants/Aides					
		Day	Evening	Night			
<b>Week 1</b>	Sunday	94.5	80.0	40.3			
	Monday	102.4	80.5	40.6			
	Tuesday	104.5	82.0	40.5			
	Wednesday	108.2	82.6	41.6			
	Thursday	106.7	82.4	41.2			
	Friday	102.8	80.4	40.5			
	Saturday	95.4	79.4	39.6			
<b>Week 2</b>	Sunday	94.3	80.6	40.1			
	Monday	101.1	79.5	39.9			
	Tuesday	101.8	81.1	41.3			
	Wednesday	105.5	83.4	40.9			
	Thursday	106.0	82.4	41.1			
	Friday	103.8	81.6	40.2			
	Saturday	95.2	79.0	39.8			
<b>Average</b>		<b>101.6</b>	<b>81.1</b>	<b>40.5</b>			

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (38,044) was the resident count in SNFs on December 31, 2000.

- In skilled nursing facilities, average daytime direct care hours worked by registered nurses increased from 30.4 hours per 100 residents in 1999 to 33.6 hours per 100 residents in 2000 (or 10 percent).
- Average daytime and evening direct care hours worked by nursing assistants increased by 3 and 4 percent, respectively.

**Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities,**



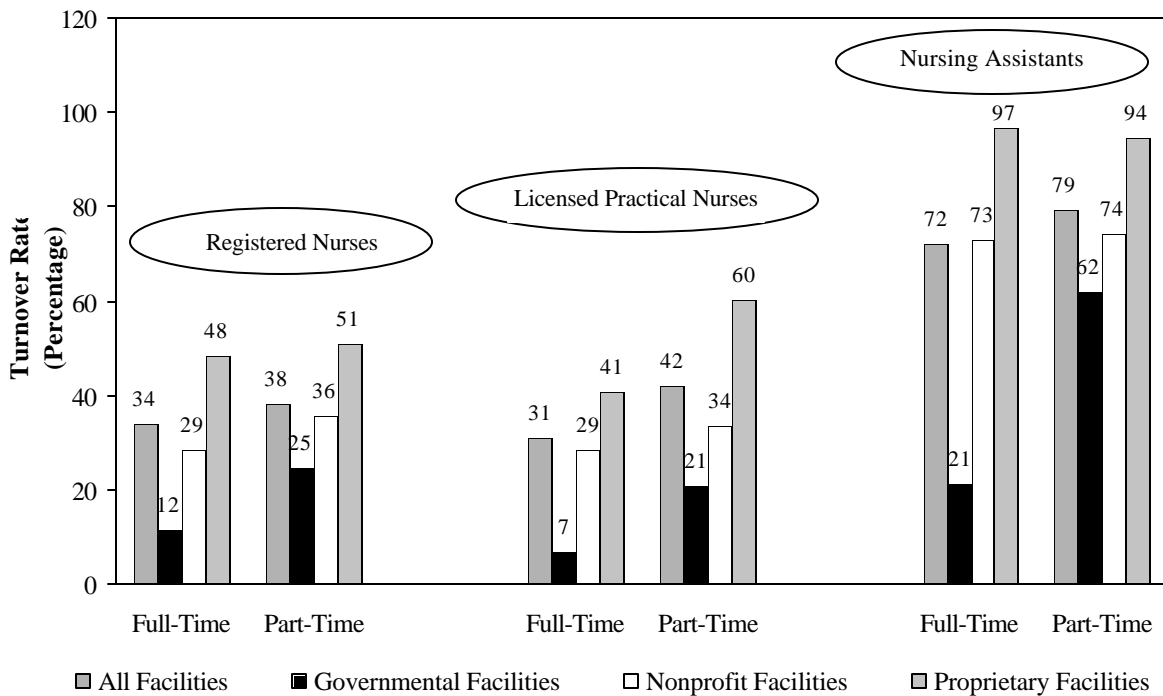
**Wisconsin, 1998 - 2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This figure is based on the *total paid direct resident care hours* worked in all shifts during a 24-hour period by each category of nursing staff, and includes only residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The figure summarizes data from Table 11, and comparable data for 1998 and 1999. (This question was added to the survey in 1998.)

- No federal regulation specifies the minimum hours of service to be provided by RNs, LPNs, and NAs per day per resident in each nursing home. Wisconsin law (Chapter 50.04(2), Wisconsin Statutes) requires each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- Between 1998 and 2000, on average, nursing homes in Wisconsin provided 3.2 hours of direct care per day per resident at the skilled level of care, at least 27 percent higher than the state minimum requirement. Of the 3.2 hours, approximately one hour was provided by either an RN or an LPN, and 0.6 hours was RN care only.
- According to a 2000 report to Congress from the Health Care Financing Administration (HCFA), a nationwide average of 0.53 direct care hours per resident day were provided by RNs in 1999, and an average of 2 hours per resident day were provided by nursing assistants. (HCFA is now called the Centers for Medicare and Medicaid Services or CMS.)

**Figure 8. Nursing Staff Turnover Rate by Facility Ownership, 2000**



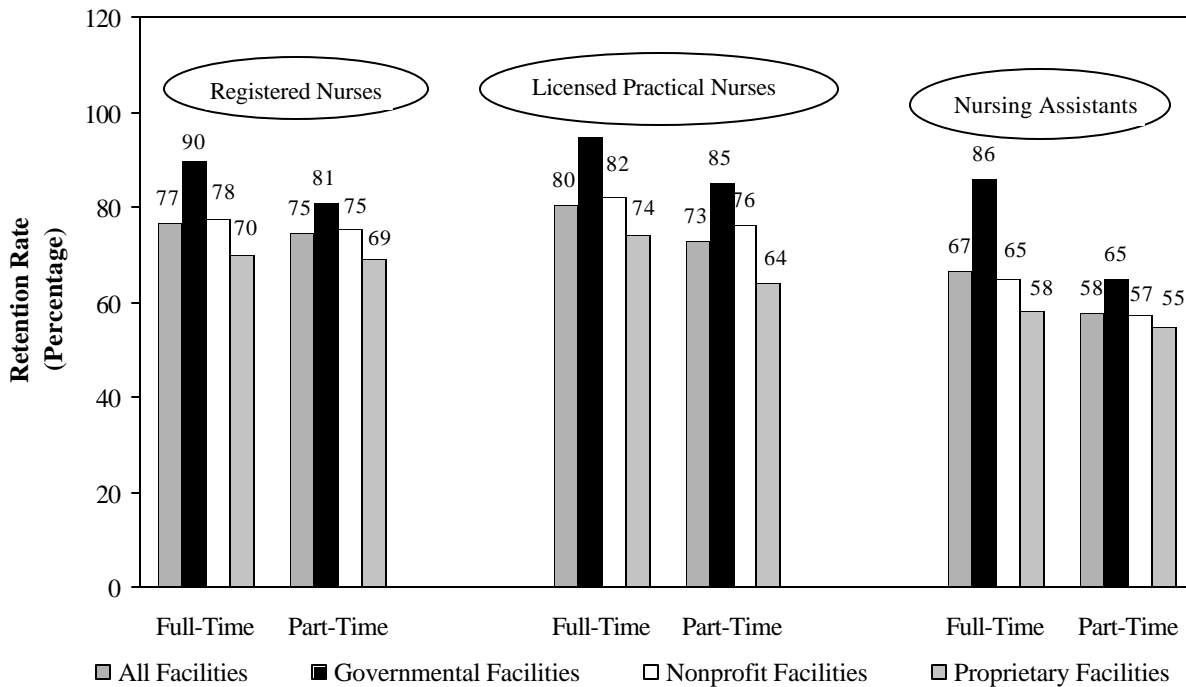
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- From 1999 to 2000, the turnover rate in proprietary facilities increased for full-time registered nurses (from 43 percent to 48 percent), and stayed about the same for part-time RNs (51 percent).
- The turnover rate in proprietary facilities decreased for full-time licensed practical nurses (from 44 percent to 41 percent), and increased for part-time LPNs (from 53 percent to 60 percent). The turnover rate for full-time LPNs in nonprofit facilities increased from 26 percent to 29 percent.
- The 2000 turnover rate for full-time nursing assistants increased in facilities of all ownership types, resulting in a statewide increase (from 69 percent to 72 percent). This followed an increase of 6 percentage points the previous year.
- The turnover rate for part-time nursing assistants increased in governmental homes (from 59 percent to 62 percent) and in nonprofit facilities (from 70 percent to 74 percent).



**Figure 9. Nursing Staff Retention Rate by Facility Ownership, 2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

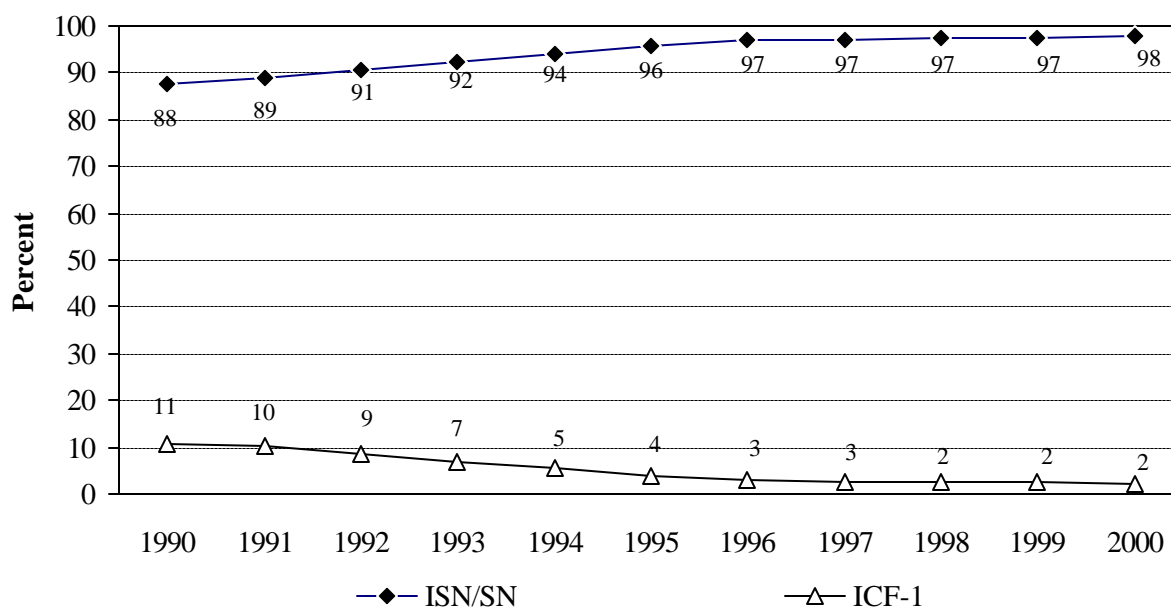
- In 2000, the percent of nursing staff who had worked at the facility for more than one year declined across all facilities.
- The biggest change was seen among part-time licensed practical nurses in proprietary homes: their retention rate decreased from 71 percent to 64 percent.
- The retention rate for nursing assistants was lower than the rates for registered nurses and LPNs.
- Proprietary facilities had a lower retention rate for all categories of nursing staff, while governmental homes generally had higher retention rates.

**Table 12. Nursing Home Admissions by Level of Care, Wisconsin 1990-2000**

Year	Level of Care at Admission								Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	TBI	Ventilator Dependent	
1990	404	23,108	2,909	313	58	21	---	---	26,813
1991	478	25,043	2,916	255	48	18	---	---	28,758
1992	505	26,828	2,563	186	35	11	---	---	30,128
1993	566	27,972	2,120	165	32	6	---	---	30,861
1994	590	33,391	1,982	154	26	6	---	---	36,149
1995	692	36,771	1,565	79	14	5	20	1	39,147
1996	3,801	38,359	1,252	85	12	3	24	12	43,548
1997	4,790	42,966	1,248	57	17	0	30	26	49,134
1998	3,771	46,096	1,244	82	16	5	37	13	51,264
1999	2,999	46,795	1,219	79	21	9	34	14	51,170
2000	3,410	46,677	1,003	65	15	11	62	13	51,256

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995. See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

**Figure 10. Percent of Admissions by Level of Care, Wisconsin 1990-2000**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- Ninety-eight percent of nursing home residents admitted in 2000 required intense skilled nursing or skilled nursing care, compared with 88 percent in 1990.
- Intermediate care admissions declined to 2 percent of admissions in 2000 from 11 percent in 1990.

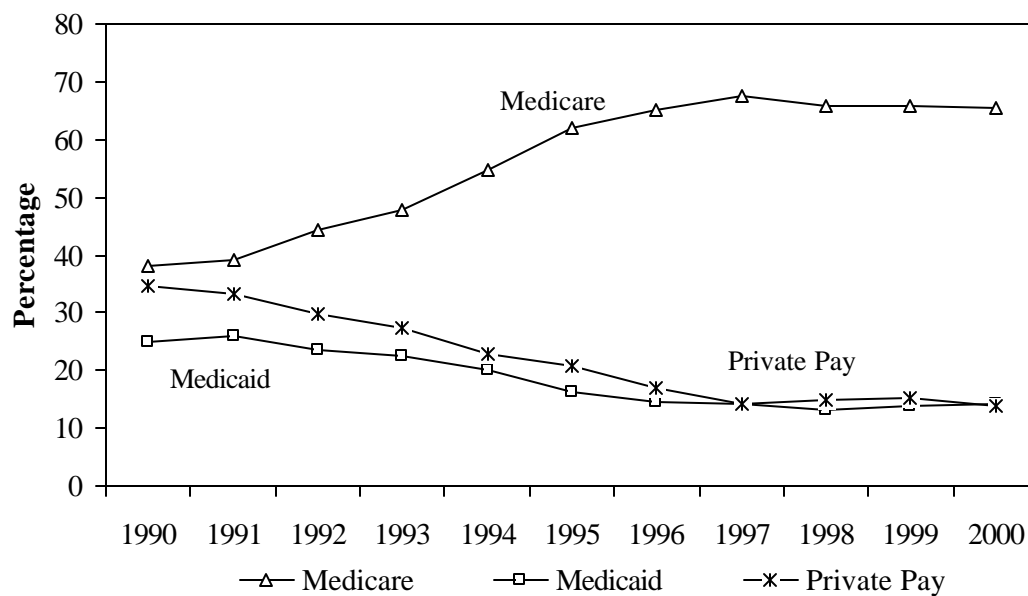
**Table 13. Nursing Home Admissions by Primary Pay Source, Wisconsin 1990-2000**

Year	Primary Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
1990	10,271	6,727	9,382	---	635	27,015
1991	11,258	7,454	9,604	---	473	28,789
1992	13,329	7,111	8,961	---	778	30,179
1993	14,846	6,973	8,473	---	679	30,971
1994	19,863	7,287	8,231	---	840	36,221
1995	24,250	6,326	8,148	---	479	39,203
1996	28,326	6,296	7,392	725	744	43,483
1997	33,115	6,988	6,892	1,164	891	49,050
1998	34,214	6,880	7,750	1,811	540	51,195
1999	33,601	7,030	7,808	2,223	524	51,186
2000	33,552	7,309	7,174	2,672	460	51,167

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about separately until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

**Figure 11. Percent of Admissions by Primary Pay Source, Wisconsin 1990-2000**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home admissions increased by 67 percent between 1990 and 1998 (at an average annual rate of 8 percent), but stabilized at just over 51,000 annually in 1999 and 2000.
- In 2000, 66 percent of admissions had Medicare as primary pay source, 14 percent had Medicaid, and 14 percent were private pay. These percentages have remained stable since 1998.

**Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care, Wisconsin 2000**

Level of Care At Admission	Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	2,646	329	126	296	12	3,410
Skilled Nursing	30,902	6,373	6,495	2,355	444	46,677
Intermediate	N/A	522	473	6	2	1,003
Limited	N/A	14	51	0	0	65
Personal	N/A	N/A	15	0	0	15
Residential	N/A	N/A	11	0	0	11
Traumatic Brain Injury	0	46	3	13	0	62
Ventilator-Dependent	4	5	0	2	2	13
Developmental Disabilities (DD1A)	N/A	13	0	0	0	13
Developmental Disabilities (DD1B)	N/A	1	0	0	0	1
Developmental Disabilities (DD2)	N/A	4	0	0	0	4
Developmental Disabilities (DD3)	N/A	2	0	0	0	2
<b>Total</b>	<b>33,552</b>	<b>7,309</b>	<b>7,174</b>	<b>2,672</b>	<b>460</b>	<b>51,276</b>
<b>Percent of Admissions</b>	<b>66%</b>	<b>14%</b>	<b>14%</b>	<b>5%</b>	<b>1%</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

The total includes 109 admissions for whom pay source was not reported.

See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

- Among residents admitted in 2000 at the intense skilled nursing level of care, Medicare was the primary pay source for 78 percent, up from 74 percent in 1999. Seven percent of admissions (compared to 6 percent in 1999) were at the intense skilled level of care.
- Medicare was the primary pay source for 66 percent of admissions at the skilled nursing level of care. (Ninety-one percent of admissions were at this level of care.)
- Five percent of persons admitted in 2000 had managed care as the primary pay source, compared to 4 percent of admissions in 1999.

**Table 15. Number of Nursing Home Admissions by Age and Level of Care, Wisconsin 2000**

Level of Care At Admission	Age at Admission							Total Admissions
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	0	207	193	572	1,075	752	101	2,900
Skilled Nursing	27	1,647	2,140	7,245	18,134	15,441	1,902	46,536
Intermediate	2	49	71	118	334	367	62	1,003
Limited	0	2	1	8	20	30	4	65
Personal	0	1	0	0	8	4	2	15
Residential	0	0	0	0	5	6	0	11
Traumatic Brain Injury	2	50	10	0	0	0	0	62
Ventilator-Dependent	0	0	4	5	4	0	0	13
Developmental Disabilities (DD1A)	0	6	3	1	3	0	0	13
Developmental Disabilities (DD1B)	0	1	0	0	0	0	0	1
Developmental Disabilities (DD2)	0	2	1	1	0	0	0	4
Developmental Disabilities (DD3)	0	1	0	1	0	0	0	2
Total, All Levels	31	1,966	2,423	7,951	19,583	16,600	2,071	51,276
Percent of Admissions	<1%	4%	5%	16%	39%	33%	4%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 651 residents for whom level of care and/or age was not reported.

Percents may not add to 100 due to rounding.

See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

- In 2000, 86 percent of the residents who received intense skilled nursing care at admission were aged 65 and over, compared to 83 percent in 1999.
- Seventy-six percent of people admitted to Wisconsin nursing homes in 2000 were 75 years of age and older, compared to 74 percent in 1999. This increase reflects the higher proportion of persons aged 85 - 94 (up from 31 percent to 33 percent).

**Table 16. Nursing Home Admissions by Care Location Prior to Admission, Wisconsin 2000**

Care Location	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total Admissions	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	3,882	8%	1	1%	3,883	8%
Private home/apt. with home health services	1,242	2	2	2	1,244	2
Board and care/assisted living/group home	1,443	3	8	6	1,451	3
Nursing home	2,783	5	8	6	2,791	5
Acute care hospital	40,804	80	28	22	40,832	80
Psychiatric hospital, facility for dev. disab.	389	1	80	63	469	1
Rehabilitation hospital	293	1	1	1	294	1
Other	277	1	0	0	277	1
<b>Total</b>	<b>51,149</b>	<b>100%</b>	<b>128</b>	<b>100%</b>	<b>51,277</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Eighty percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2000 came directly from an acute care hospital. Two percent were admitted from private homes where they had been receiving home health services. These percentages were similar in 1999.
- Eight percent were admitted from private residences and were not receiving home health services prior to admission; this was unchanged from 1999.

**Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 2000**

Discharge Status/ Care Destination	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	12,135	23	22	13	12,157	23
Private home/apt. with home health services	8,340	16	9	6	8,349	16
Board and care/assisted living/group home	3,319	6	74	45	3,393	7
Nursing home	2,795	5	6	4	2,801	5
Acute care hospital	9,093	18	8	5	9,101	18
Psychiatric hospital, facility for dev. disab.	340	1	18	11	358	1
Rehabilitation hospital	227	0	1	1	228	0
Other	254	0	1	1	255	0
Deceased	15,281	30	24	15	15,305	29
<b>Total</b>	<b>51,784</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>51,947</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2000, 18 percent went to acute care hospitals, up from 16 percent in 1999.
- Deaths represented 29 percent of discharges from SNFs/ICFs in 2000, compared with 31 percent in 1999.
- The percent of SNF/ICF discharges to private homes with home health services declined from 17 percent to 16 percent.

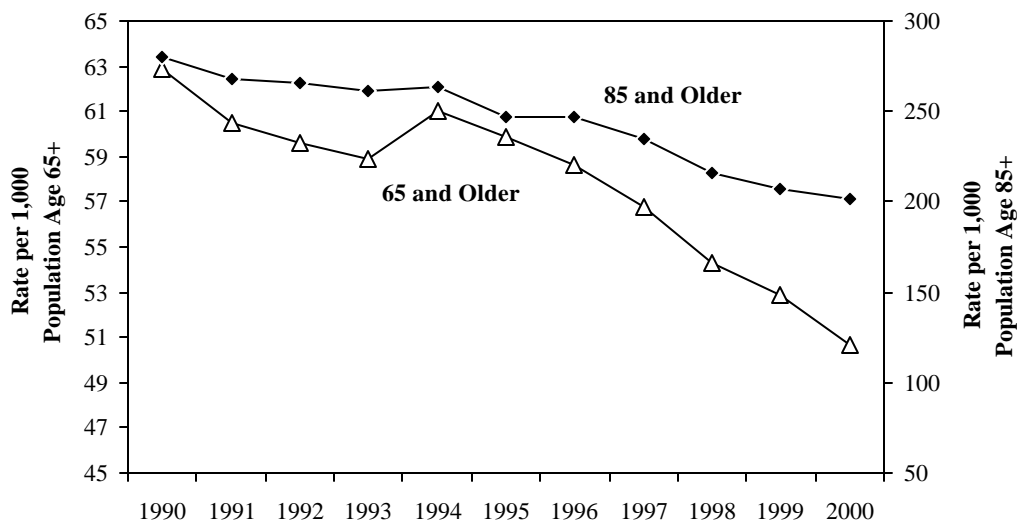
**Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1990-2000**

Year	Age-Specific Rate per 1,000 Population						85+
	55-64	65-74	75-84	85-94	95+	65+	
1990	4.2	15.2	68.4	252.7	584.5	62.9	280.0
1991	4.0	14.3	64.6	244.9	484.0	60.5	268.0
1992	3.7	13.4	61.9	242.9	481.2	59.6	266.2
1993	3.7	13.3	60.0	235.2	535.7	58.9	261.1
1994	3.6	14.2	61.4	237.4	556.3	61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8	59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6	58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4	56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3	54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8	52.9	206.6
2000	3.2	11.1	49.6	179.3	450.1	50.7	201.2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.

The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

**Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1990-2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home utilization rates declined in 2000 for all age groups except those aged 95 and over. Nearly half of Wisconsin adults aged 95 and over were residing in a nursing home in 2000.
- From 1990 to 2000, the nursing home utilization rate for all persons aged 65 and over declined 16 percent, from 63 to 51 per 1,000 population. For those aged 85 and over, the utilization rate declined 28 percent, from 280 to 201 per 1,000 population.

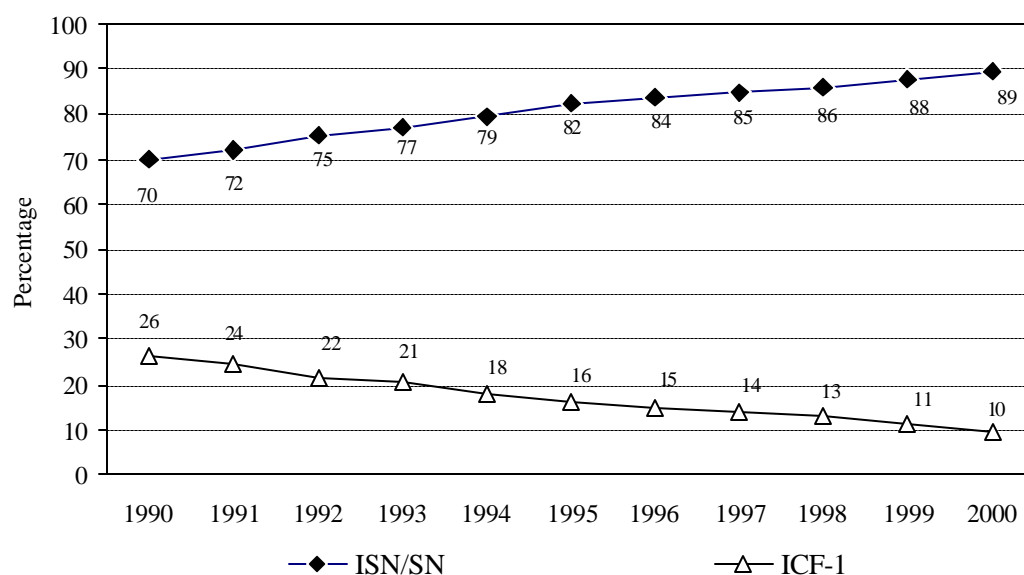


**Table 19. Number of Nursing Home Residents by Level of Care, Wisconsin, December 31, 1990-2000**

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator-Dependent	
1990	1,073	29,576	11,462	1,229	310	111	180	---	---	43,941
1991	1,062	28,460	9,979	863	181	50	423	---	---	41,018
1992	1,184	31,486	9,441	727	165	44	436	---	---	43,483
1993	1,166	31,794	8,784	618	125	29	312	---	---	42,828
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719
2000	1,232	33,064	3,740	114	26	10	141	31	23	38,381

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.  
Totals for each year do not include residents whose level of care was not reported.

**Figure 13. Percent of Residents by Level of Care, Wisconsin, December 31, 1990-2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The percent of residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 70 percent in 1990 to 89 percent in 2000.
- The percent of residents who were receiving intermediate care (ICF-1) decreased from 26 percent to 10 percent during the same period.
- The percent of residents who were receiving limited care (ICF-2) decreased from 3 percent to less than 0.5 percent.

**Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2000**

Level of Care	Primary Pay Source on December 31					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	209	828	156	32	7	1,232
Skilled Nursing	2,620	21,651	8,213	312	268	33,064
Intermediate	NA	2,901	824	0	15	3,740
Limited	NA	66	48	0	0	114
Personal	NA	1	25	0	0	26
Residential	NA	0	10	0	0	10
Traumatic Brain Injury	0	26	3	2	0	31
Ventilator-Dependent	0	20	0	2	1	23
Developmental Disabilities (DD1A)	NA	82	1	0	0	83
Developmental Disabilities (DD1B)	NA	21	0	0	0	21
Developmental Disabilities (DD2)	NA	30	0	0	0	30
Developmental Disabilities (DD3)	NA	7	0	0	0	7
Total Residents, All Levels	2,829	25,633	9,280	348	291	38,381
Percent of All Residents	7%	67%	24%	1%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" does not add to 100 percent due to rounding.

- On December 31, 2000, 67 percent of nursing home residents had Medicaid as their primary pay source, the same as in 1999. Residents with Medicare as their primary pay source declined from 8 percent in 1999 to 7 percent in 2000.
- Twenty-four percent of residents were primarily private-pay, the same proportion as in 1999.

**Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2000**

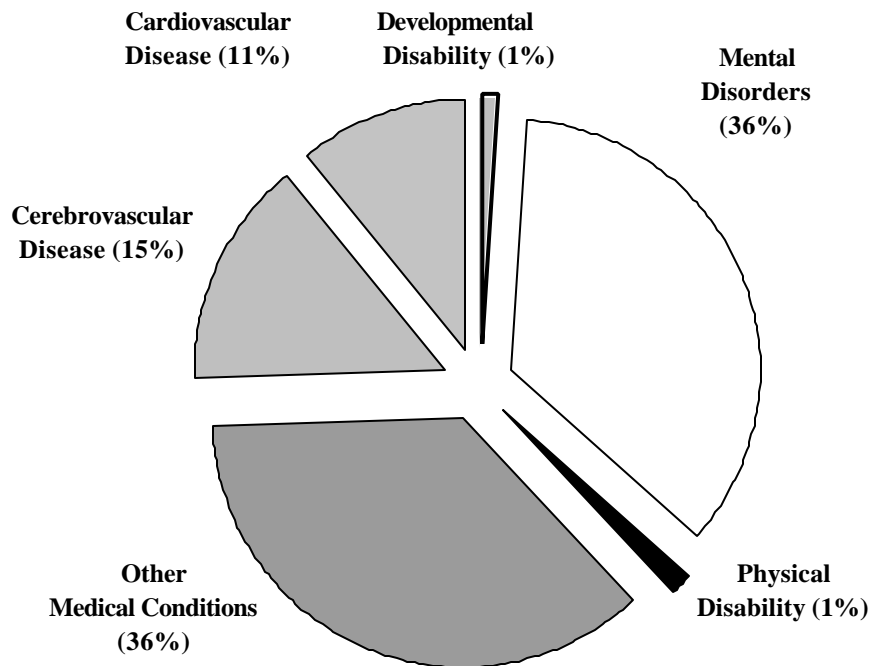
<b>Primary Disabling Diagnosis</b>	<b>Age Group</b>						<b>Total</b>
	<b>&lt;55</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>	
Mental Retardation	4%	2%	1%	<1%	<1%	<1%	<1
Cerebral Palsy	2	2	1	<1	<1	<1	<1
Epilepsy	0	0	0	<1	<1	0	<1
Autism	0	0	0	0	0	0	<0.1
Multiple Developmental Disabilities	1	0	0	<1	0	0	<0.1
Other Developmental Disabilities	1	1	0	<1	<1	0	<1
<b>Subtotal of Developmental Disabilities</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>&lt;1</b>	<b>&lt;1</b>	<b>1</b>
Alzheimer's Disease	1	4	9	14	13	10	12
Other Organic/Psychotic	5	7	11	14	18	19	15
Organic/Non-Psychotic	2	2	2	2	2	3	2
Non-Organic/Psychotic	15	14	10	4	2	2	4
Non-Organic/Non-Psychotic	3	2	2	2	2	2	2
Other Mental Disorders	0	0	0	<1	<1	<1	<1
<b>Subtotal of Mental Disorders</b>	<b>26</b>	<b>29</b>	<b>34</b>	<b>36</b>	<b>38</b>	<b>36</b>	<b>36</b>
Paraplegic	2	1	1	<1	<1	0	<1
Quadriplegic	4	2	0	<1	<1	0	<1
Hemiplegic	1	1	1	1	1	<1	<1
<b>Subtotal of Physical Disabilities</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>&lt;1</b>	<b>1</b>
Cancer	2	3	3	2	2	1	2
Fractures	3	3	4	5	6	7	5
Cardiovascular Disease	3	7	10	12	17	23	15
Cerebrovascular Disease	6	12	14	12	10	7	11
Diabetes	4	6	6	5	4	2	4
Respiratory Diseases	2	4	5	6	4	3	4
Alcohol & Other Drug Abuse	2	1	1	<1	<1	<1	<1
Other Medical Conditions	37	26	19	20	18	19	20
<b>Subtotal of Medical Conditions</b>	<b>59</b>	<b>61</b>	<b>62</b>	<b>62</b>	<b>61</b>	<b>64</b>	<b>62</b>
<b>Total Percent</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Number of Residents</b>	<b>1,271</b>	<b>1,467</b>	<b>3,939</b>	<b>12,468</b>	<b>15,756</b>	<b>3,480</b>	<b>38,381</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- Just 1 percent of nursing home residents had a primary diagnosis of developmental disabilities. Of these, 31 percent were age 75 and over and 26 percent were age 55 and younger.
- Eighty-five percent of nursing home residents with mental disorders were age 75 and older.
- Fifty-six percent of nursing home residents with a primary diagnosis of physical disabilities were age 75 and older.

**Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis, Wisconsin, December 31, 2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- More than one-third (36 percent) of nursing home residents had mental disorders as their primary diagnosis.
- Among nursing home residents who had medical conditions as their primary diagnosis, 41 percent had cardiovascular or cerebrovascular disease (not shown).

**Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2000**

Length of Stay	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,583	36	79	31	13,662	36
Less than 100 days	5,921	16	27	11	5,948	15
100 days to 180 days	2,760	7	26	10	2,786	7
181 days to 364 days	4,902	13	26	10	4,928	13
1-2 years	7,122	19	24	10	7,146	19
2-3 years	4,810	13	58	23	4,868	13
3-4 years	3,442	9	9	4	3,451	9
4 or more years	9,173	24	81	32	9,254	24
Total	38,130	100	251	100	38,381	100

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

- As of December 31, 2000, 36 percent of SNF and ICF residents had been in the nursing home less than one year (compared to 35 percent in 1999). Sixteen percent had been there less than 100 days.
- From 1999 to 2000, the percent of SNF and ICF residents who had been in the nursing home four or more years decreased from 26 percent to 24 percent, while the percent who had been there one to two years increased from 17 percent to 19 percent.

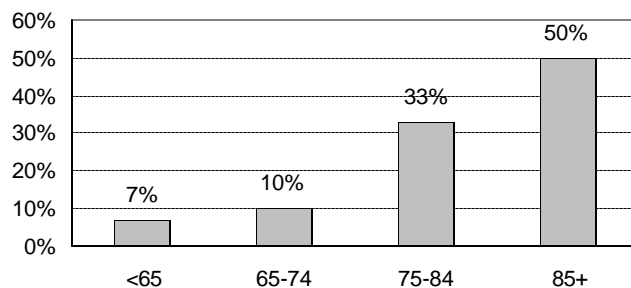
**Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2000**

Age of Resident	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	5	<1%	2	1%	7	<1%
20-54 years	1,143	3	121	48	1,264	3
55-64 years	1,433	4	34	14	1,467	4
65-74 years	3,892	10	47	19	3,939	10
75-84 years	12,436	33	32	13	12,468	33
85-94 years	15,741	41	15	6	15,756	41
95+ years	3,480	9	0	0	3,480	9
All ages	38,130	100%	251	100%	38,381	100%
65+ years	35,549	93%	94	38%	35,643	93%
85+ years	19,221	50%	15	6%	19,236	50%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

**Figure 15. Percent of Nursing Home Residents by Age, Wisconsin, December 31, 2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The largest group of nursing home residents was aged 85-94, who accounted for 41 percent of all residents.
- Nursing home residents younger than 20 years of age declined from 13 residents in 1999 to 5 residents in 2000.

**Table 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 2000**

Placed Under Chapter 51			Has Court-Appointed Guardian		Protectively Placed Under Chapter 55		Has Activated Power of Attorney for Health Care	
Licensure Category	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SNFs/ICFs	341	1%	7,328	19%	6,495	17%	12,867	34%
IMDs	71	28	156	62	156	62	50	20

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 1999.

- Sixty-two percent of IMD residents in 2000 (compared with 69 percent in 1999) had been protectively placed under Chapter 55, Wisconsin Statutes (the Protective Services Act). This law allows a court to order the protective placement for institutional care of those who are unable to adequately care for themselves due to the infirmities of aging. Such orders are reviewed by the court at least once every 12 months.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Thirty-four percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 2000, up from 31 percent in 1999. Twenty percent of IMD residents (50 persons) had an activated power of attorney for health care in 2000, compared with only one person in 1999.
- The percent of IMD residents who had been placed under Chapter 51 (the Mental Health Act) increased from 21 percent in 1999 to 28 percent in 2000.

**Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 2000**

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
<b>All Nursing Homes</b>						
At time of admission	3,791	53%	8,477	46%	12,268	48%
1-30 days after admission	551	8	1,522	8	2,073	8
31 days–1 year after admission	1,639	23	4,486	25	6,125	24
More than 1 year after admission	782	11	2,763	15	3,545	14
Unknown	434	6	987	5	1,421	6
Total	7,197	100%	18,235	100%	25,633	100%
<b>Skilled Nursing and Intermediate Care Facilities</b>						
At time of admission	3,755	52%	8,436	46%	12,191	48%
1-30 days after admission	550	8	1,522	8	2,072	8
31 days–1 year after admission	1,637	23	4,485	25	6,122	24
More than 1 year after admission	782	11	2,761	15	3,543	14
Unknown	434	6	987	5	1,421	6
Total	7,158	100%	18,191	100%	25,550	100%
<b>Institutions for Mental Diseases</b>						
At time of admission	36	92%	41	93%	77	93%
1-30 days after admission	1	3	0	0	1	1
31 days–1 year after admission	2	5	1	2	3	4
More than 1 year after admission	0	0	2	5	2	2
Unknown	0	0	0	0	0	0
Total	39	100%	44	100%	83	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2000, 48 percent of SNF/ICF residents with Medicaid had been eligible at time of admission. This was the same proportion as in 1999.
- Between 1999 and 2000, SNF/ICF residents with Medicaid who became eligible from 31 days to one year after admission increased (from 23 percent to 24 percent). Residents with Medicaid who became eligible more than one year after admission decreased (from 15 percent to 14 percent).
- Ninety-three percent of IMD residents with Medicaid were eligible at time of admission, compared to 96 percent in 1999.
- Fifty-three percent of male residents with Medicaid had been eligible at time of admission, compared to 46 percent of female residents with Medicaid.



**Table 26. Number of Nursing Home Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities, Wisconsin, December 31, 2000**

	Licensure Category	
	SNFs/ICFs	IMDs
Ever Received PASRR Level II Screen	6,089	158
Needed DD services	182	8
Needed MI services	501	126
Total residents on Dec. 31	37,578	178
Number of Facilities	397	3

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing facility and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital or FDD; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 2000, a total of 6,089 SNF/ICF residents were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens).
- Of those ever screened, 182 were determined to need special services for developmental disabilities and 501 were determined to need special services for mental illness.

**Table 27. Immunization Status of Nursing Home Residents, Wisconsin, December 31, 1998-2000**

	Percent of Residents		
	1998	1999	2000
<b>All Nursing Homes</b>			
Immunized against influenza this season	84%	85%	86%
Ever received pneumococcal immunization*	16	50	53
<b>Governmental</b>			
Immunized against influenza this season	88	86	88
Ever received pneumococcal immunization*	13	69	68
<b>Nonprofit</b>			
Immunized against influenza this season	85	86	87
Ever received pneumococcal immunization*	16	53	55
<b>Proprietary</b>			
Immunized against influenza this season	82	83	84
Ever received pneumococcal immunization*	16	40	44

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The Centers for Disease Control and Prevention (CDC) recommends a yearly immunization against influenza for older adults between September and mid-November, before the influenza season usually starts. The CDC also recommends that people 65 and older get the pneumococcal vaccine, usually as a single dose (a second dose is advised for people who received the shot more than five years previously and who were younger than 65 when they were vaccinated the first time.) Pneumococcal disease is a serious infection, which may take the form of pneumococcal pneumonia, meningitis (infection of the lining of the brain), bacteremia (infection of the bloodstream), or middle ear and sinus infections.

\* Data for 1998 on the percent of residents who had ever received pneumococcal immunization may be underestimated due to reporting problems. Facilities were not yet tracking the cumulative data needed to respond to this question accurately. The Annual Survey of Nursing Homes first collected data on immunization status in 1997.

- Eighty-six percent of nursing home residents received a seasonal immunization against influenza in 2000.
- In 2000, 53 percent of nursing home residents had received a pneumococcal immunization at some point, up from 50 percent in 1999. (Data for 1998 are not comparable; see note for Table 27.)
- More than two-thirds (68 percent) of residents in governmental facilities had received pneumococcal immunization, while only 44 percent of residents in proprietary facilities had received this immunization. The influenza immunization rate was also higher in governmental than in proprietary homes.

## Nursing Home Residents

**Table 28. Use of Physical Restraints among Nursing Home Residents by Facility Ownership, Wisconsin, December 31, 2000**

	Ownership						All Homes Number Percent	
	Governmental Number Percent		Nonprofit Number Percent		Proprietary Number Percent			
Total Residents	7,445	100%	14,438	100%	16,498	100%	38,381	100%
Physically restrained by one or more devices	580	8*	1,013	7*	1,088	7*	2,681	7*
Using side rail	3,206	43*	6,243	43*	6,530	40*	15,979	42*
Restrained by side rail	270	8**	595	10**	577	9**	1,442	9**
Total Facilities	60	100%	161	100%	198	100%	419	100%
Homes with no physically restrained residents	7	12%	33	20%	29	15%	69	16%

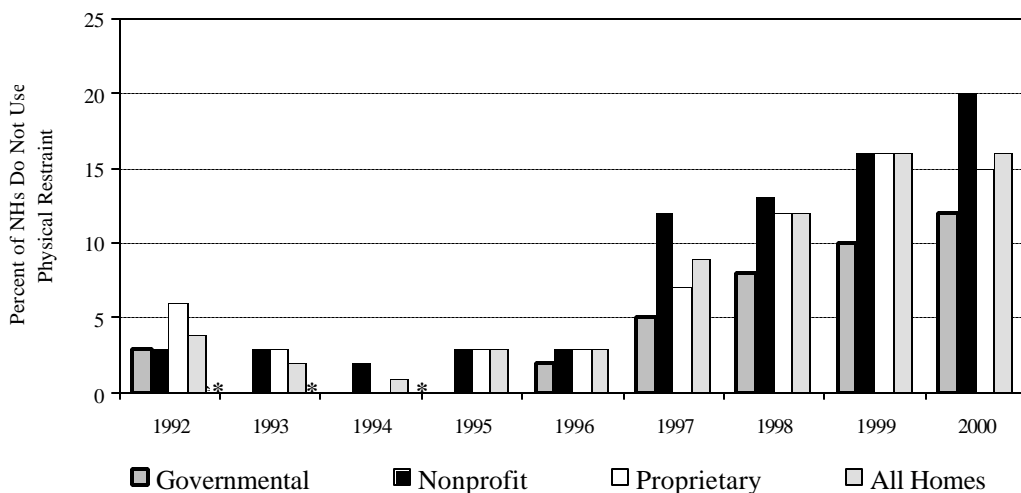
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: \* Percent was calculated based on the total number of residents.

\*\* Percent was calculated based on the number of residents using side rails.

See Technical Notes (page 82) for definition of “physical restraint.”

**Figure 16. Percent of Nursing Homes with No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1992-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: “\*” means 0.0 percent.

- On December 31, 2000, 7 percent of all Wisconsin nursing home residents were being physically restrained in one or more ways.
- The percent of nursing homes which had no physically restrained residents increased from 4 percent in 1992 to 16 percent in 2000.
- In 2000, the proportion of nursing homes with *no* physically restrained residents was highest among nonprofit facilities (20 percent) and lowest among governmental facilities (12 percent).

**Table 29. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2000**

December 31, 2000

Selected Activities of Daily Living	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Bed Mobility</b>						
Independent	46%	46%	43%	44%	39%	43%
Needs supervision	4	5	6	6	6	6
Needs limited assistance	12	17	20	21	23	19
Needs extensive assistance	17	19	20	19	21	20
Totally dependent	21	13	11	10	10	12
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,731	3,992	12,612	15,434	3,169	37,938
<b>Transfer</b>						
Independent	34%	32%	28%	27%	21%	28%
Needs supervision	4	7	7	8	7	7
Needs limited assistance	13	18	23	24	26	22
Needs extensive assistance	16	22	24	25	27	24
Totally dependent	32	21	18	17	18	19
Activity did not occur	1	1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
<b>Toilet Use</b>						
Independent	28%	24%	21%	21%	17%	21%
Needs supervision	4	6	6	6	6	6
Needs limited assistance	13	17	20	22	21	20
Needs extensive assistance	17	23	26	27	29	26
Totally dependent	35	28	26	24	26	26
Activity did not occur	2	1	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
<b>Eating</b>						
Independent	47%	54%	52%	51%	47%	51%
Needs supervision	18	20	21	23	24	22
Needs limited assistance	7	7	9	9	11	9
Needs extensive assistance	6	6	7	8	9	7
Totally dependent	22	13	11	9	9	11
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 79).

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves to and from lying position, turns side to side, and positions body while in bed. Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position.

Toilet Use = How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- Eighteen percent of nursing home residents were independent in all four Activities of Daily Living (ADLs) in 2000, compared to 19 percent in 1999.
- Thirty percent of residents were totally dependent in at least one of the four ADLs in 2000, compared to 31 percent in 1999.
- In 2000, 42 percent of residents under age 65 were totally dependent in at least one of the four ADLs, compared to only 28 percent of residents aged 75 and over.

**Table 30. Selected Characteristics of Nursing Home Residents by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2000**

Medicaid-Certified Facilities Only), Wisconsin, December 31, 2006						
Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Short-Term Memory</b>						
Adequate	49%	42%	31%	25%	22%	30%
Has problems	51	58	69	75	78	70
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,669	3,985	12,590	15,423	3,166	37,833
<b>Long-Term Memory</b>						
Adequate	60%	57%	51%	48%	45%	50%
Has problems	40	43	49	52	55	50
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,666	3,985	12,590	15,423	3,166	37,830
<b>Cognitive Skills for Daily Decision-Making</b>						
Independent	27%	27%	23%	20%	18%	22%
Modified independence	23	24	24	24	23	24
Moderately impaired	34	34	37	40	41	38
Severely impaired	16	15	17	16	17	16
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,672	3,987	12,592	15,424	3,165	37,840
<b>Bladder Incontinence</b>						
Continent	53%	47%	40%	38%	32%	40%
Usually continent	6	8	8	9	10	9
Occasionally incontinent	7	8	9	10	11	9
Frequently incontinent	11	15	21	22	24	20
Incontinent all of the time	24	21	22	20	22	21
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,731	3,992	12,610	15,432	3,169	37,934
<b>Bowel Incontinence</b>						
Continent	55%	60%	56%	59%	55%	57%
Usually continent	6	8	10	10	11	10
Occasionally incontinent	5	6	8	8	8	7
Frequently incontinent	7	8	9	9	10	9
Incontinent all of the time	28	19	17	14	15	17
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,731	3,992	12,610	15,432	3,169	37,934

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 79).

Note: Residents for whom no information was available were excluded.

- In 2000, 22 percent of all nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (54 percent) of nursing home residents had moderately or severely impaired cognitive skills.
- Three-quarters of residents aged 85 and over had a problem with short-term memory, and 52 percent had a problem with long-term memory.
- Thirty-five percent of residents were continent of both bladder and bowel in 2000, compared to 38 percent in 1999.
- A higher percentage of residents under age 65 had problems with bowel continence compared to older residents.

**Table 31. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2000**

<b>Sex/Age</b>	<b>Mean (in inches)</b>	<b>Standard Deviation</b>	<b>Number of Residents</b>	<b>Range (in inches)</b>
<b>Height</b>				
<b>Males</b>				
<65 years	68.6	4.1	1,392	42-78
65-74 years	68.4	3.6	1,764	43-78
75-84 years	68.2	3.4	4,065	45-78
85-94 years	67.7	3.4	3,336	47-78
95+years	66.8	3.7	385	44-76
All ages	68.1	3.6	10,972	42-78
<b>Females</b>				
<65 years	63.7	3.5	1,331	42-75
65-74 years	63.2	3.1	2,181	45-74
75-84 years	62.7	3.0	8,518	45-74
85-94 years	62.1	3.0	12,056	44-74
95+years	61.6	3.2	2,777	48-71
All ages	62.4	3.1	26,863	42-75
<b>Sex/Age</b>	<b>Mean (in pounds)</b>	<b>Standard Deviation</b>	<b>Number of Residents</b>	<b>Range (in pounds)</b>
<b>Weight</b>				
<b>Males</b>				
<65 years	178.4	43.9	1,381	57-369
65-74 years	175.6	37.8	1,800	76-370
75-84 years	170.0	34.2	4,066	69-357
85-94 years	161.9	29.0	3,343	81-282
95+years	153.3	25.8	385	88-252
All ages	168.9	35.1	10,975	57-370
<b>Females</b>				
<65 years	167.0	49.4	1,322	50-372
65-74 years	161.2	44.1	2,175	64-356
75-84 years	145.2	36.7	8,525	58-372
85-94 years	134.2	29.8	12,063	59-312
95+years	124.3	25.4	2,778	61-236
All ages	140.5	35.9	26,863	50-372

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 79).

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).

Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- “Standard deviation” is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average weight was 26 percent less for female residents aged 95 and older than for those under age 65. The average weight for male residents aged 95 and older was 14 percent less than for those under age 65.

## Section II

### Facilities for the Developmentally Disabled (FDDs) and Residents





**Table 32. Selected Measures of Utilization, Facilities for the Developmentally Disabled (FDDs), Wisconsin 1995-2000**

Utilization Measure	1995	1996	1997	1998	1999	2000
<b>As of December 31:</b>						
Number of FDDs	40	38	38	38	37	37
Licensed Beds	2,414	2,260	2,212	2,179	2,119	2,096
Beds Set Up and Staffed	2,341	2,226	2,178	2,135	2,053	2,038
Percent Beds Vacant	3.0	1.5	1.5	2.0	3.1	2.8
Total Residents	2,193	2,123	2,040	2,006	1,951	1,933
Rate per 1,000 population*	0.43	0.41	0.39	0.38	0.37	0.36
Residents Age 65 and Over						
Number	463	479	449	438	421	419
Percent	21.1	22.6	22.0	21.8	21.6	21.7
Medicaid Residents (Percent)	98.5	98.6	98.9	99.1	99.2	99.2
<b>Calendar Year:</b>						
Inpatient Days	815,875	775,907	753,306	732,307	712,104	703,297
Percent Change	-3.9	-4.9	-2.9	-2.8	-2.8	-1.2
Average Daily Census	2,239	2,123	2,064	2,008	1,951	1,922
Percent Occupancy**	92.8	93.9	93.3	92.2	92.1	91.7
Total Admissions	249	296	262	266	265	273
Total Discharges and Deaths	341	319	345	300	301	291

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

\* The rate is the number of FDD residents per 1,000 total population.

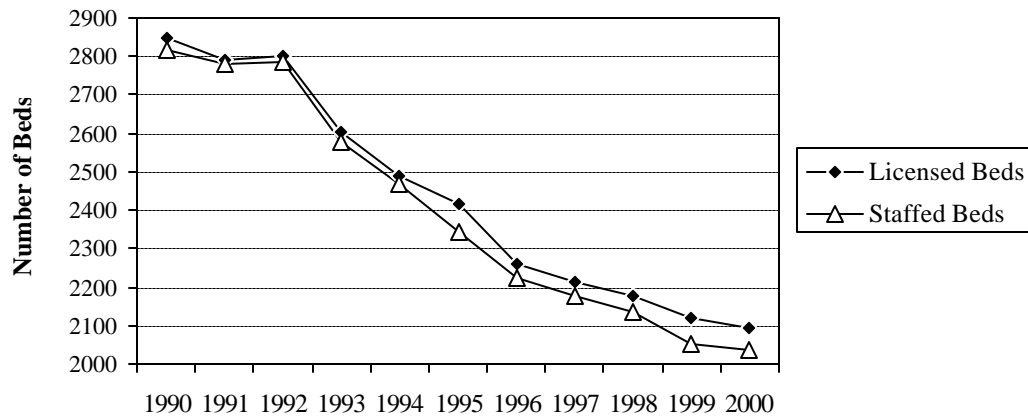
\*\* Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

FDD admissions and discharges reported since 1996 are not comparable with those reported in previous years due to changes in the federally mandated Minimum Data Set (MDS), Version 2.0. Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

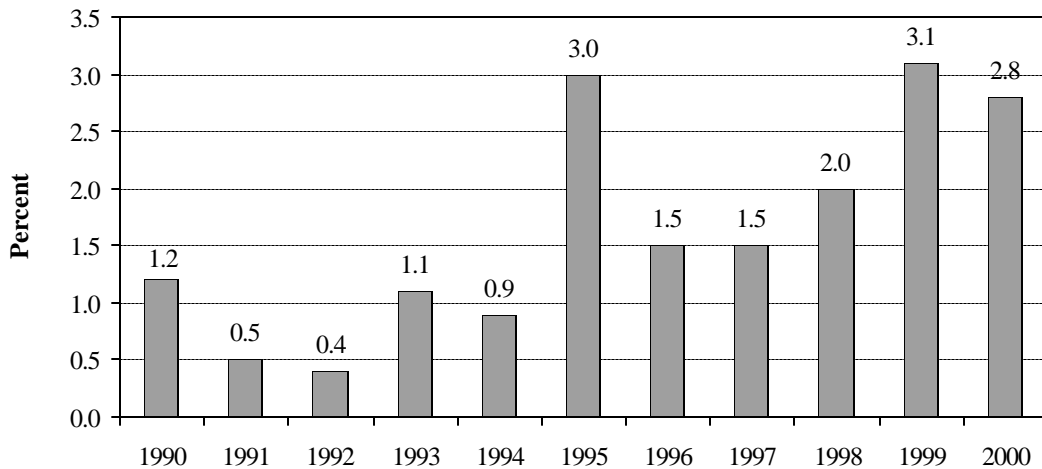
- From 1995 to 2000, the following measures of utilization of Wisconsin facilities for the developmentally disabled (FDDs) declined.
  - ⇒ The number of FDDs decreased from 40 to 37 (8 percent).
  - ⇒ Total FDD residents declined 12 percent (from 2,200 to 1,930) while the FDD utilization rate was down from 0.43 to 0.36 per 1,000 total population.
  - ⇒ The number of inpatient days was down 14 percent, from 0.82 million to 0.70 million.
  - ⇒ Percent occupancy decreased from 92.8 percent to 91.7 percent.
- The percent of FDD residents using Medicaid as their primary pay source increased from 98.5 to 99.2 percent.

**Figure 17. Number of FDD Licensed Beds and Staffed Beds, Wisconsin 1990-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

**Figure 18. Percent of FDD Licensed Beds Vacant, Wisconsin 1990-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

- From 1990 to 2000, the number of licensed beds in facilities for the developmentally disabled declined by 26 percent (from 2,850 to 2,100). The number of staffed beds decreased 28 percent (from 2,820 to 2,040), at an annual rate of decline of 2.4 percent or higher.
- The percent of FDD beds that were vacant (not staffed) more than doubled (from 1.2 percent to 2.8 percent).

**Table 33. FDD Capacity by Ownership and Bed Size, Wisconsin 2000**

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
<b>All FDDs</b>	37	100%	2,096	100%	3%	91.7%
<b>Facility Ownership</b>						
Governmental	19	51	794	38	1	93.1
Nonprofit	10	27	996	48	5	88.6
Proprietary	8	22	306	15	0	98.4
<b>Bed Size</b>						
Less than 50 beds	21	57	581	28	0	93.5
50-99 beds	11	30	654	31	2	92.4
100-199 beds	3	8	360	17	2	93.6
200 beds and over	2	5	501	24	8	87.4

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed but not available for occupancy.  
Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 32).

- The FDD occupancy rate changed little between 1999 (92.1 percent) and 2000 (91.7 percent). Proprietary facilities had the highest occupancy rate (98.4 percent in 2000) and nonprofit facilities the lowest (88.6 percent).
- From 1999 to 2000, the percent of FDD beds not staffed decreased in both nonprofit facilities (from 6 percent to 5 percent) and proprietary facilities (from 2 percent to zero).
- The largest FDDs (200 licensed beds or more) had the lowest occupancy rate (87.4 percent) compared with smaller facilities.

**Table 34. FDD Capacity by County, Wisconsin 2000**

County of Location	Facilities On 12/31/00	Licensed Beds on 12/31/00	Staffed Beds on 12/31/00	Total Inpatient Days	Residents on 12/31/00*	Average Daily Census	Percent Occupancy
<b>State Total</b>	37	2,096	2,038	703,297	1,933	1,922	91.7%
Brown	4	198	195	64,407	181	176	88.9
Chippewa	1	28	28	10,133	28	28	100.0
Clark	1	36	36	11,438	29	31	86.1
Dane	1	18	18	5,535	15	15	83.3
Dodge	1	79	79	26,026	70	71	89.9
Douglas	1	26	26	9,296	24	25	96.2
Dunn	1	52	52	18,159	51	50	96.2
Fond du lac	2	84	79	28,869	76	79	94.1
Grant	1	50	50	16,783	49	46	92.0
Jefferson	4	411	408	140,077	388	384	93.4
La Crosse	1	56	52	17,376	47	47	83.9
Manitowoc	2	49	49	16,433	44	45	91.8
Marinette	1	18	18	6,093	17	17	94.4
Milwaukee	4	536	493	170,950	473	467	87.1
Monroe	1	14	14	4,878	14	13	92.9
Oneida	1	125	125	46,247	125	126	100.8**
Racine	1	51	51	18,430	51	50	98.0
Rock	1	32	32	11,423	32	31	96.9
Sauk	1	30	30	8,958	24	24	80.0
Shawano	1	24	24	8,271	22	23	95.8
Sheboygan	1	37	37	13,406	36	37	100.0
Trempealeau	1	44	44	15,672	43	43	97.7
Waupaca	2	50	50	17,514	46	48	96.0
Winnebago	1	19	19	6,606	19	18	94.7
Wood	1	29	29	10,317	29	28	96.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

\*The number of residents was based on the county of last private residence prior to entering the FDD.

\*\*Percent occupancy can be more than 100% when the number of licensed beds in the facility declines during the year.

- In 2000, three counties (Chippewa, Oneida and Sheboygan) had occupancy rates of 100 percent or higher, compared to seven counties (Chippewa, Marinette, Oneida, Racine, Shawano, Sheboygan and Trempealeau) in 1999.
- Six counties had higher numbers of inpatient days in 2000 than in 1999: Dodge, Douglas, Monroe, Rock, Sauk and Wood. Inpatient days in Douglas and Monroe counties increased more than 10 percent. As a result, the percent occupancy for these two counties increased at least 7 percent.
- Inpatient days for FDDs statewide declined by 1.2 percent in 2000.

**Table 35. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 2000**

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	NA	\$150	\$158*	0	---	\$150
Developmental Disabilities (DD1B)	NA	153	193*	0	---	153
Developmental Disabilities (DD2)	NA	133	162*	0	---	134
Developmental Disabilities (DD3)	NA	101	0	108*	---	101
All Levels	NA	\$141	\$165*	\$108*	---	\$142

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

“NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

“\*” indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates may not be representative of typical rates).

“---” indicates there were no residents in that category.

See Technical Notes (page 80) for definitions of all level of care categories shown in this table.

- The average per diem rate in 2000 for care received by FDD residents was \$142, up 2.4 percent from 1999. The overall rate of inflation in 2000 was 3.4 percent.
- The average per diem rate paid for FDD care by private sources was \$165, 17 percent higher than the rate paid by Medicaid (\$141). (There were only 14 FDD residents using private pay as primary pay source in 2000 – see Table 47.)
- The Medicaid rate for the DD1A level of care increased 2.8 percent from 1999 to 2000.

**Table 36. Number of FDDs Providing Services to People Not Residing in the Facility, 1995-2000, Wisconsin**

Type of Service	1995	1996	1997	1998	1999	2000
Home Health Care	0	0	0	0	0	0
Supportive Home Care	0	0	0	1	1	1
Personal care	0	0	0	1	1	1
Household services	0	0	0	0	0	0
Day Services	4	5	4	4	4	4
In community setting	1	1	1	1	1	1
In FDD setting	4	4	3	3	3	3
Respite Care	5	5	6	7	8	8
In patient's home	0	0	0	0	0	1
In FDD setting	5	5	6	7	8	8
Adult Day Care	3	3	3	3	3	4
In community setting	1	1	2	1	1	2
In FDD setting	2	2	1	2	2	2
Adult Day Health Care	1	1	1	1	1	0
Congregate Meals	3	4	4	4	4	3
In community setting	2	3	3	3	3	2
In FDD setting	1	1	1	1	1	1
Home-Delivered Meals	1	1	1	1	1	2
Other Meal Services	2	2	2	3	3	3
Referral Service	1	2	2	2	2	2
Transportation	1	1	1	1	1	2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 81).  
FDDs may offer specific services in more than one setting.

- Twenty-two percent of FDDs (8 out of 37) provided respite care in 2000.
- Two FDDs provided some type of transportation services for persons not residing in the facility.

**Table 37. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2000**

Table 37: Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2006								
Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	15	79%	6	60%	6	75%	27	73%
Inactive Family Council	0	0	0	0	1	13	1	3
Active Family Council,	4	21	4	40	1	13	9	24
Meets:								
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	1	10	0	0	1	3
Once in three months	0	0	3	30	1	13	4	11
Once a month	2	11	0	0	0	0	2	5
Once a week	0	0	0	0	0	0	0	0
Other	2	11	0	0	0	0	2	5
Total	19	100%	10	100%	8	100%	37	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Fourteen facilities did not respond to this question.

Federal Health Care Financing Administration (HCFA) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."

- In 2000, 73 percent of Wisconsin's FDDs (27 out of 37) had no Family Council.
- Sixteen percent of FDDs had Family Councils that met as frequently as once a month to once every three months.

**Table 38. FDD Employees, Wisconsin 2000**

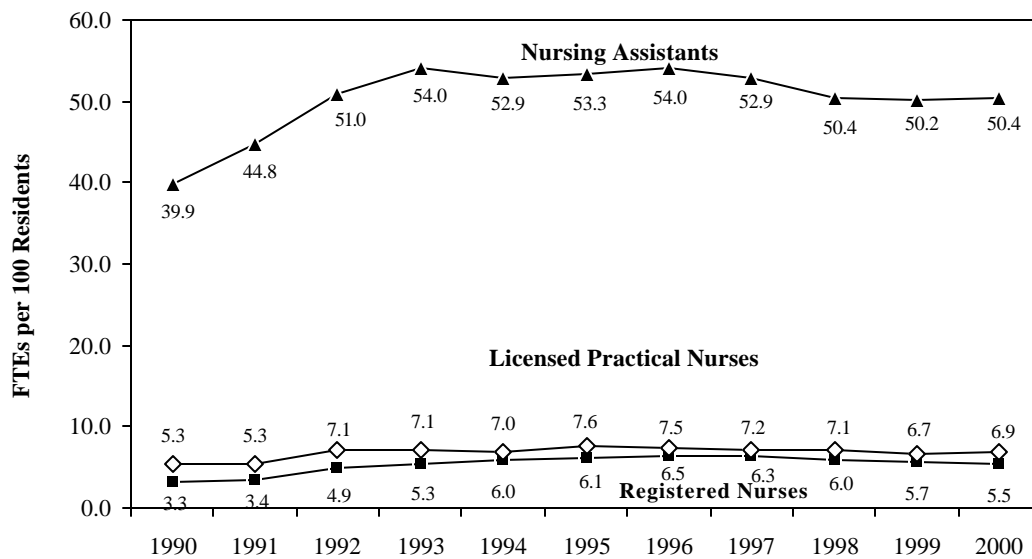
<b>Employee Category</b>	<b>Full-Time Equivalent Employees (FTEs)</b>	<b>FTEs per 100 Residents</b>
<b>Nursing Services</b>		
Registered Nurses	106.8	5.5
Licensed Practical Nurses	133.7	6.9
Nursing Assistants/Aides	974.8	50.4
Certified Medication Aides	9.1	0.5
<b>Therapeutic Services</b>		
Physicians and Psychiatrists	3.8	0.2
Psychologists	8.9	0.5
Dentists	0.0	0.0
Activity Directors and Staff	95.5	4.9
Physical Therapists and Assistants	6.0	0.3
Occupational Therapists and Assistants	31.8	1.6
Recreational Therapists	21.7	1.1
Restorative Speech Therapists	0.3	0.0
AODA Counsellors	0.4	0.0
Qualified Mental Retardation Specialists	76.2	3.9
Qualified Mental Health Professionals	9.1	0.5
<b>Other Services</b>		
Dietitians and Food Workers	176.9	9.1
Social Workers	18.6	1.0
Medical Records Staff	20.8	1.1
Administrators	33.1	1.7
Pharmacists	7.3	0.4
Other Health Prof. and Technical Personnel	89.3	4.6
Other Non-Health-Professional and Non-Technical Personnel	411.9	21.3
<b>Statewide Total</b>	<b>2,235.8</b>	<b>115.7</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Statewide, FDDs had 1.16 FTE employees per FDD resident in 2000, compared to 1.17 employees per resident in 1999.
- Compared to 1999, the number of FTEs in the “Other Health Professional and Technical Personnel” category declined 54 percent, from 194 FTEs to 89 FTEs.

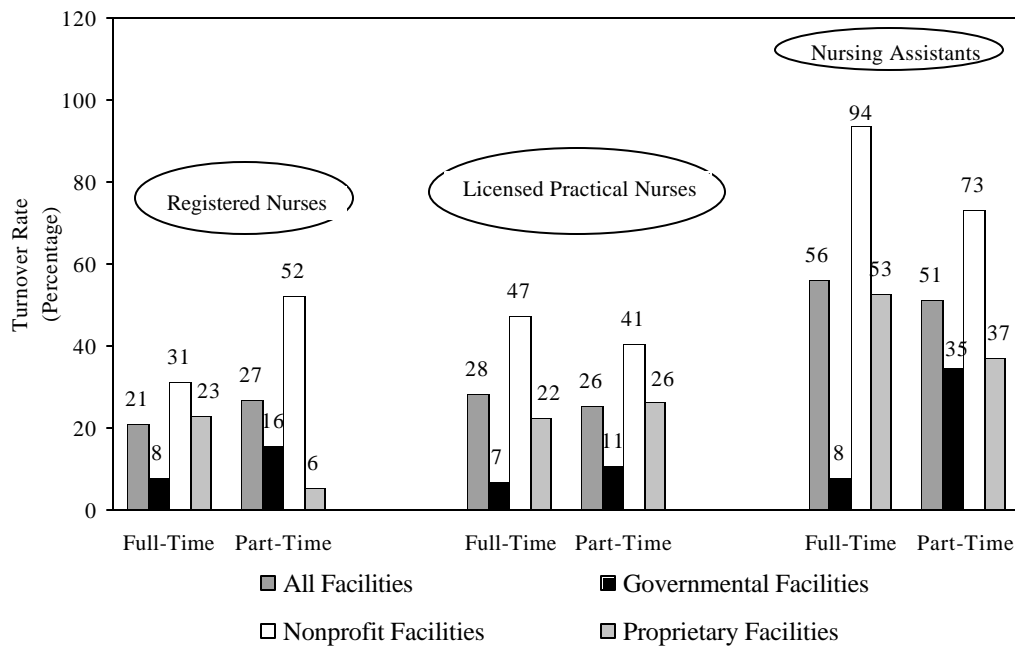


**Figure 19. Nursing Staff per 100 FDD Residents, Wisconsin 1999-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

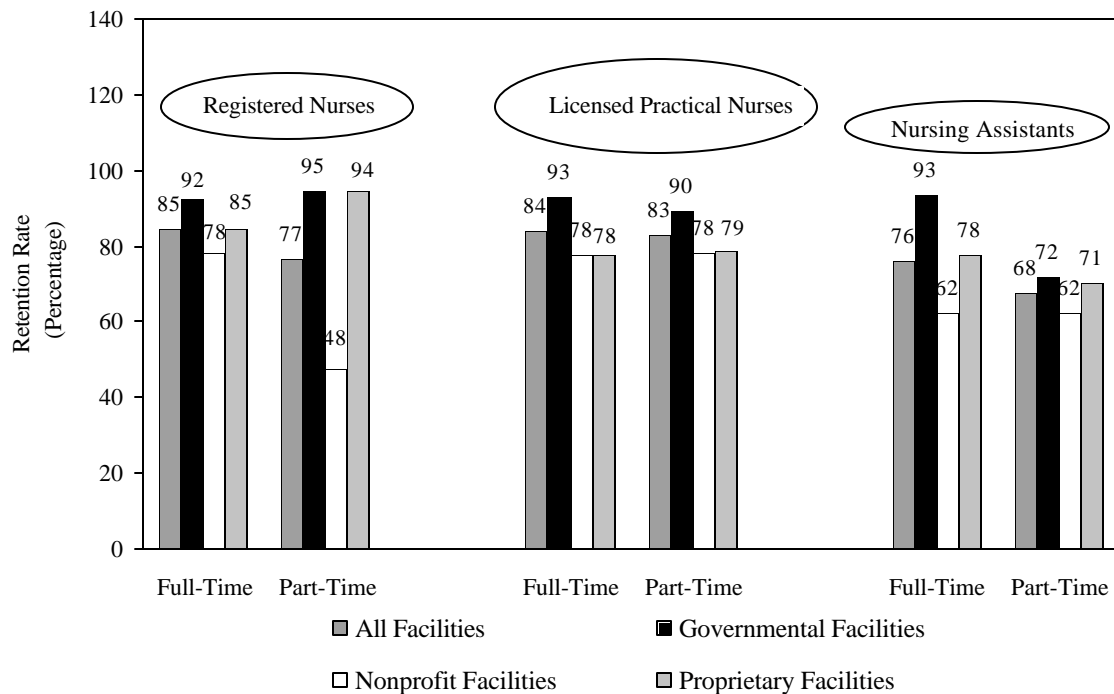
- In 2000, FDDs employed one FTE nursing assistant for every two FDD residents. This average has remained relatively stable since 1992.
- There were 6.5 FTE registered nurses per 100 FDD residents in 1996. This ratio has been declining since then, to 5.5 FTE RNs per 100 FDD residents in 2000.
- The number of licensed practical nurses per 100 FDD residents decreased between 1995 and 2000, from 7.6 to 6.9.

**Figure 20. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- The statewide turnover rates of full-time nursing staff in FDDs increased between 1999 and 2000. The turnover rate increased from 18 percent to 21 percent for full-time RNs; from 20 percent to 28 percent for full-time LPNs; and from 40 percent to 56 percent for full-time nursing assistants.
- The turnover rate in governmental FDDs increased for most categories of nursing staff except part-time LPNs. The turnover rate doubled for full-time RNs (from 4 percent to 8 percent), and increased from 6 percent to 16 percent for part-time RNs. For full-time LPNs, the turnover rate increased from 3 percent to 7 percent. The turnover rate increased from 5 percent to 8 percent for full-time NAs, and from 27 percent to 35 percent for part-time NAs.
- In nonprofit FDDs, the turnover rate of full-time NAs increased by 22 points, from 72 percent to 94 percent. In these facilities the turnover rate declined for full-time RNs (from 36 percent to 31 percent) and for part-time LPNs (from 53 percent to 41 percent).
- In proprietary FDDs, the turnover rate for full-time RNs more than doubled (from 11 percent to 23 percent), but declined among part-time RNs (from 29 percent to 6 percent). The turnover rate for full-time LPNs in proprietary FDDs more than doubled (from 10 percent to 22 percent).

**Figure 21. Nursing Staff Retention Rate by Facility Ownership (FDDs), 2000**

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- Statewide, the percent of full-time nursing staff in FDDs who had worked at the facility for more than one year declined in 2000.
  - ⇒ For full-time RNs, the statewide retention rate decreased from 91 percent to 85 percent.
  - ⇒ For full-time LPNs, the retention rate decreased from 86 percent to 84 percent.
  - ⇒ For full-time NAs, the retention rate decreased from 83 percent to 76 percent.
- Retention rates for both full- and part-time RNs in nonprofit FDDs declined. The retention rate decreased 9 points (from 87 percent to 78 percent) for full-time RNs, and 19 points for part-time RNs (from 67 percent to 48 percent).
- In proprietary FDDs, retention rates declined for both full-time RNs and full-time LPNs. For full-time RNs, the rate declined from 90 percent to 85 percent, and for full-time LPNs, it declined from 90 percent to 78 percent. On the other hand, retention rates for both part-time RNs and part-time LPNs increased.

**Table 39. FDD Admissions by Level of Care, Wisconsin 1990-2000**

Year	Level of Care at Admission				Total Admissions
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1990	---	---	---	---	291
1991	---	---	---	---	391
1992	---	---	---	---	356
1993	---	---	---	---	308
1994	---	---	---	---	249
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265
2000	87	86	86	14	273

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. The Annual Survey of Nursing Homes did not collect admissions data on the new subcategories until 1995.

The DD1A care level is for developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Residents at the DD2 care level are adults with moderate developmental disabilities requiring active treatment with an emphasis on skills training. Residents at the DD3 level are adults with mild developmental disabilities requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- Total admissions to FDDs increased by 3 percent in 2000, to 273.
- FDD residents admitted at the DD1A level of care accounted for 32 percent of all admissions in 2000, compared to 27 percent in 1995.
- Between 1999 and 2000, the number of residents admitted at the DD1B level of care declined by 20 percent (from 107 to 86).

**Table 40. FDD Admissions by Primary Pay Source, Wisconsin 1990-2000**

Year	Primary Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
1990	NA	266	24	---	19	309
1991	NA	364	30	---	1	395
1992	NA	319	46	---	1	366
1993	NA	266	37	---	5	308
1994	NA	217	26	---	6	249
1995	NA	219	29	---	1	249
1996	NA	242	50	0	4	296
1997	NA	219	23	1	19	262
1998	NA	228	35	1	2	266
1999	NA	231	6	0	28	265
2000	NA	261	10	0	2	273

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Totals include residents whose primary pay source at admission was not reported.

- Medicaid was the primary pay source for 96 percent of all FDD admissions in 2000, up from 87 percent in 1999.
- Private pay was the primary pay source for 4 percent of all FDD admissions in 2000, compared to 2 percent in 1999.

**Table 41. FDD Admissions by Primary Pay Source and Level of Care, Wisconsin 2000**

<b>Level of Care At Admission</b>	<b>Primary Pay Source at Admission</b>					<b>Total Admissions</b>
	<b>Medicare</b>	<b>Medicaid</b>	<b>Private Pay</b>	<b>Managed Care</b>	<b>Other Sources</b>	
Developmental Disabilities (DD1A)	NA	80	7	0	0	87
Developmental Disabilities (DD1B)	NA	83	1	0	2	86
Developmental Disabilities (DD2)	NA	84	2	0	0	86
Developmental Disabilities (DD3)	NA	14	0	0	0	14
<b>Total Admissions</b>	NA	261	10	0	2	273

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 80) for definitions of all level of care categories.

- Of the FDD residents admitted in 2000 who used Medicaid as primary pay source, 31 percent were at the DD1A level of care, 32 percent were at the DD1B level, 32 percent were at the DD2 level, and the remaining 5 percent were at the DD3 level of care.
- There were only 12 FDD residents admitted in 2000 whose source of payment was not Medicaid, compared with 34 in 1999.

**Table 42. FDD Admissions by Age and Level of Care, Wisconsin 2000**

Level of Care At Admission	Age at Admission						Total Admission s
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	22	37	15	8	4	1	87
Developmental Disabilities (DD1B)	3	65	9	7	1	1	86
Developmental Disabilities (DD2)	3	64	13	6	0	0	86
Developmental Disabilities (DD3)	0	8	4	2	0	0	14
<b>Total Admissions</b>	<b>28</b>	<b>174</b>	<b>41</b>	<b>23</b>	<b>5</b>	<b>2</b>	<b>273</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: See Technical Notes (page 80) for definitions of all level of care categories.

- Eleven percent of FDD residents admitted in 2000 were 65 years of age and older, compared to 10 percent in 1999.
- Twenty percent of FDD residents admitted in 2000 were younger than 20 years of age, unchanged from 1999.
- Between 1999 and 2000, the number of FDD admissions who were between age 20 and 54 decreased by 21 percent (from 82 to 65).

**Table 43. FDD Admissions by Care Location Prior to Admission, Wisconsin 2000**

<b>Care Location</b>	<b>Admissions</b>	
	<b>Number</b>	<b>Percent</b>
Private home/apt. with no home health services	83	30%
Private home/apt. with home health services	18	7
Board and care/assisted living/group home	40	15
Nursing home	25	9
Acute care hospital	47	17
Psychiatric hospital, facility for dev. disab.	41	15
Rehabilitation hospital	2	1
Other	17	6
Total Admissions	273	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Thirty percent of FDD residents admitted in 2000 came from private residences and were not receiving home health services prior to admission (compared to 39 percent in 1999), and 7 percent were admitted from private residences with home health services (compared to 3 percent in 1999).
- In 17 percent of FDD admissions in 2000, residents were admitted directly from acute care hospitals, compared to 9 percent in 1999.
- Admissions from nursing homes decreased from 12 percent of FDD admissions in 1999 to 9 percent in 2000.



**Table 44. Discharge Status or Care Destination of FDD Residents Discharged, Wisconsin 2000**

<b>Discharge Status/ Care Destination</b>	<b>Discharges/Deaths</b>	
	<b>Number</b>	<b>Percent</b>
Private home/apt. with no home health services	49	17%
Private home/apt. with home health services	23	8
Board and care/assisted living/group home	72	25
Nursing home	15	5
Acute care hospital	18	6
Psychiatric hospital, facility for dev. disab.	28	10
Rehabilitation hospital	0	0
Other	12	4
Deceased	74	25
Total	291	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Between 1999 and 2000, the percent of FDD resident discharges that were to board and care, assisted living and group homes increased from 17 percent to 25 percent.
- The percent of FDD discharges to nursing homes decreased from 10 percent to 5 percent.
- Seventeen percent of FDD discharges were to private homes with no home health care in 2000, compared to 27 percent in 1999. The percent of discharges to private homes with home health care increased from 5 percent to 8 percent.
- Deaths constituted 25 percent of FDD discharges in 2000, up from 22 percent in 1999.

**Table 45. Age-Specific FDD Utilization Rates, Wisconsin 1990-2000**

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1990	<0.1	0.7	1.1	0.7
1991	<0.1	0.6	1.1	0.7
1992	<0.1	0.6	1.1	0.7
1993	<0.1	0.6	1.0	0.7
1994	<0.1	0.6	0.9	0.7
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6
2000	<0.1	0.4	0.7	0.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.  
Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- The FDD utilization rate among people aged 55 to 64 declined 36 percent between 1992 and 2000, from 11 per 10,000 to 7 per 10,000.
- Approximately 6 of every 10,000 people in Wisconsin aged 65 and over (or 0.6 per 1,000 population in this age group) resided in a facility for the developmentally disabled in 2000.

**Table 46. Number of FDD Residents by Level of Care, Wisconsin, December 31, 1990-2000**

Year	Level of Care				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1990	---	---	---	---	1,986
1991	---	---	---	---	2,517
1992	---	---	---	---	2,541
1993	485	642	1,084	190	2,401
1994	493	661	1,012	153	2,319
1995	483	637	938	130	2,188
1996	502	609	892	118	2,121
1997	479	600	837	122	2,038
1998	487	598	820	99	2,004
1999	485	569	813	82	1,949
2000	455	562	836	80	1,933

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993.

Totals do not include residents whose level of care was not reported.

See Technical Notes (page 80) for definitions of all level of care categories.

- FDD residents at the DD1A level of care declined 6 percent between 1999 and 2000, while the total number of FDD residents declined less than 1 percent.
- FDD residents at the DD2 level of care increased 3 percent during the same period.
- The level of care distribution for FDD residents has changed over the years. In 1993, 20 percent of FDD residents on December 31 were at the DD1A level of care; in 2000, 24 percent were at this level of care.
- In 1993, 8 percent of FDD residents were at the DD3 level of care. In 2000, only 4 percent were at this level of care.

**Table 47. Number of FDD Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2000**

<b>Level of Care</b>	<b>Primary Pay Source on December 31</b>					<b>Total</b>
	<b>Medicare</b>	<b>Medicaid</b>	<b>Private Pay</b>	<b>Managed Care</b>	<b>Other Sources</b>	
Developmental Disabilities (DD1A)	NA	452	3	0	0	455
Developmental Disabilities (DD1B)	NA	560	2	0	0	562
Developmental Disabilities (DD2)	NA	827	9	0	0	836
Developmental Disabilities (DD3)	NA	79	0	1	0	80
<b>Total Residents</b>	NA	1,918	14	1	0	1,933
<b>Percent of All Residents</b>	NA	99%	<1%	<0.1%	0	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 80) for definitions of all level of care categories.

- On December 31, 2000, Medicaid was the primary pay source for 99 percent of all FDD residents.

**Table 48. Percent of FDD Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2000**

Primary Disabling Diagnosis	Age Group					Total
	<20	20-54	55-64	65-74	75+	
Mental Retardation	96%	93%	96%	94%	94%	94%
Cerebral Palsy	0	1	0	0	0	1
Autism	0	1	0	0	0	1
Multiple Developmental Disabilities	0	4	3	4	3	4
Other Developmental Disabilities	0	0	0	0	1	0
<b>Subtotal of Developmental Disabilities</b>	<b>96</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>98</b>	<b>99</b>
Other Organic/Psychotic	0	0	0	0	0	0
Organic/Non-Psychotic	0	0	0	0	0	0
Non-Organic/Psychotic	0	0	0	0	1	0
Non-Organic/Non-Psychotic	4	0	0	0	0	0
Other Mental Disorders	0	0	0	0	0	0
<b>Subtotal of Developmental Disabilities</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Quadriplegic	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	1	0
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Number of Residents</b>	<b>24</b>	<b>1,158</b>	<b>332</b>	<b>255</b>	<b>164</b>	<b>1,933</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- On December 31, 2000, 61 percent of FDD residents were between age 20 and 54, 17 percent were between 55 and 64, and the remaining 22 percent were aged 65 and over.
- Just 24 FDD residents (1 percent) were under age 20. This was a 20 percent decline from the 1999 number (30 residents).
- In 2000, 94 percent of FDD residents had mental retardation as their primary diagnosis, compared to 91 percent in 1999.

**Table 49. Length of Stay of FDD Residents, Wisconsin, December 31, 2000**

---

<b>Length of Stay</b>	<b>Number</b>	<b>Percent</b>
Less than 1 year	170	9%
Less than 100 days	45	2
100 days to 180 days	41	2
181 days to 364 days	84	4
1-2 years	113	6
2-3 years	95	5
3-4 years	71	4
5 or more years	1,484	77
Total	1,933	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- Nine percent of FDD residents had been in the facility less than one year.
- Seventy-seven percent of FDD residents had been in the facility five years or longer.

**Table 50. Age of FDD Residents, Wisconsin, December 31, 2000**

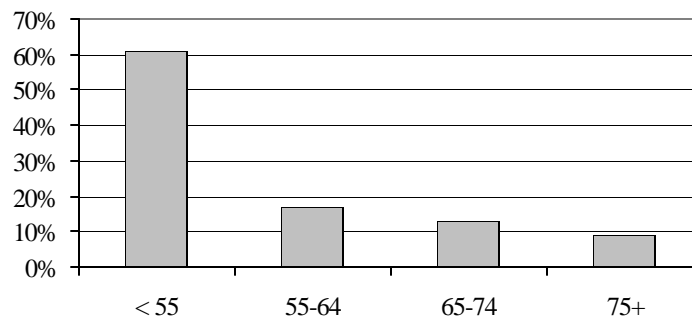

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Age of Resident	Number	Percent
Less than 20 years	24	1%
20-54 years	1,158	60
55-64 years	332	17
65-74 years	255	13
75-84 years	132	7
85+ years	32	2
All ages	1,933	100%
65+ years	419	22%

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Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

**Figure 22. Percent of FDD Residents by Age, Wisconsin, December 31, 2000**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Twenty-two percent of FDD residents in 2000 were 65 years of age and over.
- The percent of FDD residents who were under age 55 remained unchanged between 1999 and 2000 (61 percent).

**Table 51. Percent of FDD Residents by Age, Wisconsin, 1990-2000**

<b>Year</b>	<b>Age Group</b>				
	<b>&lt;20</b>	<b>20-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75+</b>
1990	1.9%	63.0%	17.0%	12.2%	5.9%
1991	1.9	61.7	17.7	12.5	6.3
1992	2.0	61.1	17.9	12.6	6.5
1993	1.9	60.8	16.9	13.1	7.3
1994	2.2	60.7	16.3	13.0	7.8
1995	2.0	60.7	16.3	13.0	8.0
1996	2.3	59.2	16.0	13.7	8.9
1997	2.4	58.5	17.1	12.8	9.2
1998	1.7	58.9	17.5	12.5	9.3
1999	1.5	59.3	17.6	12.8	8.8
2000	1.2%	59.9%	17.2%	13.2%	8.5%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1990 to 2000, the age distribution of FDD residents changed, with increases in the percentages in older age groups (ages 65-74 and 75+).
- The percent of FDD residents under age 55 declined from 65 percent in 1990 to 61 percent in 2000.
- The percent of FDD residents aged 75 and over increased from 5.9 percent in 1990 to 9.3 percent in 1998, then declined to 8.5 percent in 2000.
- The percent of FDD residents aged 55 to 74 remained stable during this period.



**Table 52. Legal Status of FDD Residents, Wisconsin, December 31, 2000**

<b>Placed Under Chapter 51</b>		<b>Has Court-Appointed Guardian</b>		<b>Protectively Placed</b>		<b>Has Activated Power of Attorney for Health Care</b>	
<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
313	16%	1,850	96%	1,564	81%	11	1%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of facility residents on December 31, 1999.

- In 2000, 16 percent of FDD residents had been placed in the facility under Chapter 51, Wisconsin Statutes (the Mental Health Act), to receive integrated treatment and rehabilitative services, compared to only 3 percent in 1999.
- Ninety-six percent of FDD residents in 2000 had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.
- Eighty-one percent of FDD residents had been protectively placed in the facility under Chapter 55, Wisconsin Statutes (the Protective Services Act).
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Only 1 percent of FDD residents were reported to have an activated power of attorney for health care in 2000.

**Table 53. FDD Residents With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 2000**

<b>Eligibility Date for Medicaid</b>	<b>Males</b>		<b>Females</b>		<b>Total</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
At time of admission	720	73%	703	76%	1,423	74%
1-30 days after admission	3	0	4	0	7	0
31 days–1 year after admission	14	1	7	1	21	1
More than 1 year after admission	86	9	106	11	192	10
Unknown	165	17	110	12	275	14
Total	988	100%	930	100%	1,918	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Seventy-four percent of FDD residents with Medicaid on December 31, 2000 had been eligible at the time of admission, up from 73 percent in 1999.
- Ten percent of FDD residents with Medicaid became eligible more than one year after admission, compared with 9 percent in 1999.
- In 2000, 76 percent of female FDD residents with Medicaid had been eligible at the time of admission, compared with 73 percent of male residents.

**Table 54. Number of FDD Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR), Wisconsin, December 31, 2000**

	Number of Residents
Ever received PASRR Level II screen	189
Needed DD services	189
Needed MI services	43
Total residents on Dec. 31	273
Number of Facilities	37

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing home and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. (The PASRR process is not required for admissions to FDDs. Data reported here may reflect screens received by FDD residents who were once considering admission to a nursing facility or may have resided in a nursing facility.)

The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 2000, a total of 189 FDD residents were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens).
- Of FDD residents who had ever received this screening, all were determined to need special services for developmental disabilities and 43 were determined to also need special services for mental illness.

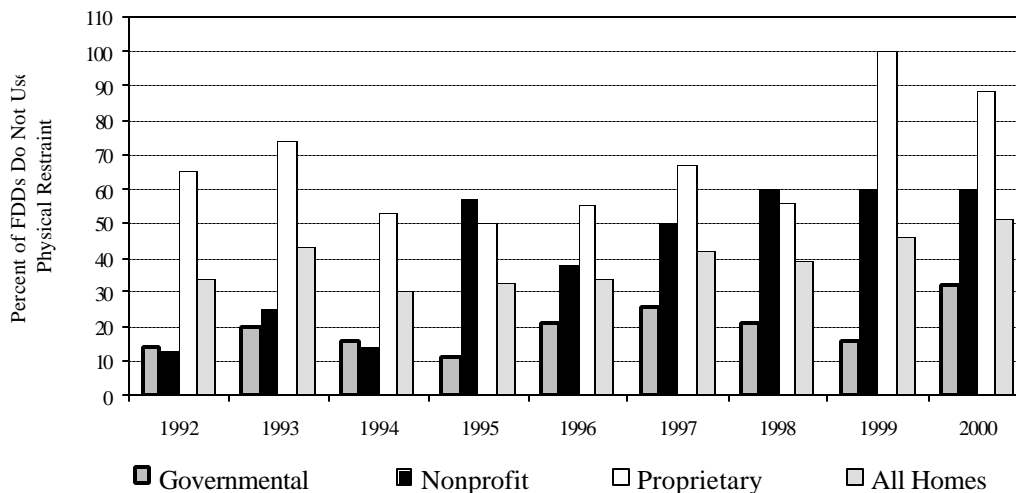
**Table 55. Use of Physical Restraints Among FDD Residents, by Facility Ownership, Wisconsin, December 31, 2000**

	Ownership						All FDDs Number Percent	
	Governmental Number Percent		Nonprofit Number Percent		Proprietary Number Percent			
Total Residents	737	100%	898	100%	298	100%	1,933	100%
Physically restrained by one or more devices	81	11%	126	14%	4	1%	211	11%
Total FDDs	19	100%	10	100%	8	100%	37	100%
FDDs with no physically restrained residents	6	32%	6	60%	7	88%	19	51%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: See Technical Notes (page 82) for definition of "physical restraint."

**Figure 23. Percent of FDDs With No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1992-2000**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- On December 31, 2000, 11 percent of FDD residents statewide were being physically restrained in one or more ways, compared to 7 percent of nursing home residents.
- Just 1 percent of residents in proprietary FDDs were being physically restrained, compared to 14 percent of residents in nonprofit FDDs.
- Fifty-one percent of FDDs statewide were not using any physical restraints on December 31, 2000, up from 34 percent on December 31, 1992.
- Thirty-two percent of governmental FDDs and 88 percent of proprietary FDDs were not using physical restraints on December 31, 2000.

## Technical Notes

### MDS 2.0 Data (Tables 29, 30, and 31)

Detailed resident-based data were submitted by 421 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. Five of these facilities closed before December 31, 2000, so they were not included in the 2000 Annual Nursing Home Survey. (There were 419 SNFs/ICFs/IMDs in the 2000 Annual Nursing Home Survey, but seven of these did not have to report MDS data because they accept only private-pay patients.) These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 2000 was calculated by using the number of residents assessed in 2000 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 2000, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or readmissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 10 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 10 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by less than 10 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and readmissions was negligible. The final figure for the total number of SNF residents on December 31, 2000, based on the MDS data set, was 37,938, compared to the 38,381 residents counted on December 31 for the Annual Survey of Nursing Homes.

## **Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20, 35, 39, 41, 42, 46, and 47)**

**ISN - Intense Skilled Nursing:** Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

**SN - Skilled Nursing:** Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

**ICF-1, Intermediate Care:** Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

**ICF-2, Limited Care:** Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

**ICF-3, Personal Care:** Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

**ICF-4, Residential Care:** Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

**DD1A Care Level:** Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

**DD1B Care Level:** Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

**DD2 Care Level:** Adults with moderate developmental disabilities who require active treatment with an emphasis on skills training.

**DD3 Care Level:** Adults with mild developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

**Traumatic Brain Injury (TBI):** A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

**Ventilator-Dependent:** A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

### **Definitions of Services to Non-Residents (Table 8, Table 36)**

(Definitions provided by staff in Wisconsin Bureau on Aging and Long-Term Care Resources)

**Home Health Care:** Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

**Supportive Home Care:** Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

**Day Services:** Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

**Respite Care:** Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

**Adult Day (Health) Care:** Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

**Congregate Meals:** Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

**Home-Delivered Meals:** In-home meals provided to persons at risk for inadequate nutrition.

**Referral Service:** Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

**Transportation:** Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

### **Definition for “Physical Restraint” (Table 28, Table 55)**

A physical restraint is “any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.” The important characteristics of a restraint are that (1) it keeps a resident from freely moving or from reaching a part of his/her body, and (2) the resident cannot easily remove it. This definition means that any of the following devices may or may not be a restraint, depending on how it is used, and the effect upon whom it is used.

*Body holders:* Chest, poncho, non-self-releasing lap belt, roll belt, wrist, mitt or other device that physically binds resident to something else.

*Restrictive equipment:* Self-releasing lap belts, support bars, tray tables, lap buddies or merry walkers.

*Specialized chairs:* Geri chairs, reclining chairs, individually fitted chairs.

*Side rails:* Any type of side rail on the bed (half, quarter, or full).



**2000 ANNUAL SURVEY OF NURSING HOMES**  
(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 17 for detailed information.

If any information on the label below is inaccurate or incomplete, please correct.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

☐ 1. City Name of city, village or town \_\_\_\_\_

☐ 2. Village What county is nursing home located in? \_\_\_\_\_

☐ 3. Town

NUMBER OF RESIDENTS  
IN THE FACILITY ON  
DECEMBER 31, 2000

\_\_\_\_\_

Return the **PINK COPY** of the survey no later than **February 1, 2001**, to

Bureau of Health Information  
Division of Health Care Financing  
ATTN: Jane Conner, Rm. 665  
P. O. Box 309  
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (366 DAYS), JANUARY 1 THROUGH DECEMBER 31, 2000

Refer to Instructions and Definitions accompanying this form.

**A. FACILITY SECTION**

1. Was this facility in operation for the entire calendar year of 2000? ☐ 1. Yes ☐ 2. No

If no, and operations began after January 1, 2000, or ended before December 31, 2000,  
list below the dates your operation began and ended.

**Beginning Date**

☐☐ Month ☐☐ Day '00

**Ending Date**

☐☐ Month ☐☐ Day '00

**Days of Operation**

☐☐☐

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

**Governmental**

- ☐ 10. Village  
☐ 11. State  
☐ 12. County  
☐ 13. City

**Non-governmental/Not-For-Profit**

- ☐ 20. Nonprofit Church-Related  
☐ 21. Nonprofit Corporation  
☐ 22. Other Nonprofit

**Investor-Owned/For Profit**

- ☐ 23. Individual  
☐ 24. Partnership  
☐ 25. Corporation

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing home with another organization? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 25 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is your facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ..... ☐ 1. Yes ☐ 2. No

5. Is your facility operated in conjunction with a community-based residential facility (CBRF)? ..... ☐ 1. Yes ☐ 2. No

6. Is your facility operated in conjunction with a residential care apartment complex (RCAC)? ..... ☐ 1. Yes ☐ 2. No

7. Is your facility operated in conjunction with housing for the elderly, or similar organization? ..... ☐ 1. Yes ☐ 2. No

8. Is your facility operated in conjunction with a home health agency? ..... ☐ 1. Yes ☐ 2. No

9. Is your facility certified as a Medicaid facility (Title 19)? ..... ☐ 1. Yes ☐ 2. No

10. Is all or part of your facility certified for Medicare (Title 18)? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds ..... \_\_\_\_\_

11. Is your facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ..... ☐ 1. Yes ☐ 2. No

12. Does your facility have a contract with an HMO for providing services? ..... ☐ 1. Yes ☐ 2. No

13. Does your facility have a locked unit? ..... ☐ 1. Yes ☐ 2. No

If yes, how many beds? ..... \_\_\_\_\_

14. Does your facility utilize formal wandering precautions, e.g., Wanderguard Systems? ..... ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in your facility on December 31, 2000, were monitored? ..... \_\_\_\_\_

**B. SERVICES SECTION**

1. Does your facility offer services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No  
If yes, check which services your facility provides to non-residents (see definitions).

☐ a. Home Health Care (Licensed home health, HFS 133)

☐ g. Adult Day Health Care

☐ b. Supportive Home Care/Personal Care

☐ h. Congregate Meals

☐ c. Supportive Home Care/Household Services

☐ 1. In community setting?

☐ 2. In nursing home setting?

☐ d. Day Services

☐ i. Home Delivered Meals

☐ 1. In community setting?

☐ 2. In nursing home setting?

☐ j. Referral Services

☐ e. Respite Care

☐ k. Other meals (Includes Jail, Adult Day Care, etc.)

☐ 1. In home setting?

☐ 2. In nursing home setting?

☐ l. Transportation

☐ f. Adult Day Care

☐ 1. In community setting?

☐ 2. In nursing home setting?

☐ m. Other (specify) \_\_\_\_\_

2. Are you planning to add other services to **non-residents** in the future? ..... ☐ 1. Yes ☐ 2. No  
If yes, specify service(s) to be provided. \_\_\_\_\_

3. Does your facility currently use a unit-dose drug delivery system? ..... ☐ 1. Yes ☐ 2. No

4. Does your facility have an in-house pharmacy? ..... ☐ 1. Yes ☐ 2. No

5. Does your facility have a policy to allow self-administration of medications by residents? ..... ☐ 1. Yes ☐ 2. No

6. Do you currently have residents who are self-administering prescription drugs? ..... ☐ 1. Yes ☐ 2. No

7. Does your facility offer hospice services to residents? ..... ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/00? .....

8. Does your facility offer hospice services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/00? .....

9. Does your facility offer specialized Alzheimer's support group services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

10. Does your facility have a specialized unit dedicated to care for residents with Alzheimer's? ..... ☐ 1. Yes ☐ 2. No

(a) If yes, is the unit locked? (Leave blank if no unit.) ..... ☐ 1. Yes ☐ 2. No

(b) Number of beds in unit? .....

11. Does your facility utilize day programming for mentally ill residents? ..... ☐ 1. Yes ☐ 2. No

If yes, is the specific program

**(check all that apply)**

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) \_\_\_\_\_

12. Does your facility utilize day programming for developmentally disabled residents? ..... ☐ 1. Yes ☐ 2. No

If yes, is the specific program

**(check all that apply)**

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) \_\_\_\_\_

### C. UTILIZATION SECTION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2000) ..... \_\_\_\_\_

2. **TOTAL** licensed bed capacity (as of December 31, 2000) ..... \_\_\_\_\_

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.  
Number of beds \_\_\_\_\_

☐ e. Beds temporarily not meeting HFS 132 code.  
Number of beds \_\_\_\_\_

☐ b. Rooms converted for administrative purposes.  
Number of beds \_\_\_\_\_

☐ f. Banked beds.  
Number of beds \_\_\_\_\_

☐ c. Beds out-of-service due to renovation  
or remodeling (Not HFS 132 related).  
Number of beds \_\_\_\_\_

☐ g. Other (specify) \_\_\_\_\_  
\_\_\_\_\_

☐ d. Rooms converted for resident  
program (treatment) purposes.  
Number of beds \_\_\_\_\_

Number of beds \_\_\_\_\_

4. Do you anticipate any bed reduction in the forthcoming year? ..... ☐ 1. Yes ☐ 2. No

If yes, by how many beds? ..... \_\_\_\_\_

**D. RESIDENT SECTION**

**1. Level of Care and Method of Reimbursement on DECEMBER 31, 2000**

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. *If PPS rates are used, please report the average.*  
**IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.**

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	METHOD OF REIMBURSEMENT				
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Managed Care Per Diem Rate
<b>ISN</b> Intensive Skilled Care	\$	\$	\$	\$	\$
<b>SNF</b> Skilled Care	\$	\$	\$	\$	\$
<b>ICF-1</b> Intermediate Care		\$	\$	\$	\$
<b>ICF-2</b> Limited Care		\$	\$	\$	\$
<b>ICF-3</b> Personal Care		\$	\$	\$	\$
<b>ICF-4</b> Residential Care		\$	\$	\$	\$
<b>DD1A</b> Developmental Disabilities		\$	\$	\$	\$
<b>DD1B</b> Developmental Disabilities		\$	\$	\$	\$
<b>DD2</b> Developmental Disabilities		\$	\$	\$	\$
<b>DD3</b> Developmental Disabilities		\$	\$	\$	\$
<b>TBI</b> Traumatic Brain Injury	\$	\$	\$	\$	\$
<b>Ventilator Dependent</b> (See Definition)	\$	\$	\$	\$	\$

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

**2. Inpatient Days by Age**

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in your facility during the reporting period .....
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in your facility during the reporting period .....
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in your facility during the reporting period (January 1, 2000, to December 31, 2000), **(2.a + b = c)** .....
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 366 days, or as reported on page 1, item A.1.) .....  

**(Round to the nearest whole number.)**

# E. PERSONNEL SECTION

1. Number of personnel employed by your facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. Note any special circumstances at the bottom of the page. If your facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing home.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

**ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR.**

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. <b>TOTAL (sum of lines 1 – 29)</b>				

Number of hours in work week? .....  
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

## E. PERSONNEL SECTION (continued)

**ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.**

2. How many employees in each of the following three categories were hired in 2000?  
(ALL hired in 2000, **including those who quit.**) INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)
- |                              |                 |                 |
|------------------------------|-----------------|-----------------|
| a. Registered Nurses         | Full-Time _____ | Part-Time _____ |
| b. Licensed Practical Nurses | Full-Time _____ | Part-Time _____ |
| c. Nursing Assistants/Aides  | Full-Time _____ | Part-Time _____ |
3. Indicate the number of **current** employees as of December 31, 2000, according to their duration of service in your facility. INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)

DURATION OF SERVICE	Registered Nurses		Licensed Practical Nurses		Nursing Assistants/Aides	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
<b>Hired in 2000</b>						
a. Less than 6 Months						
b. 6 Months to less than 1 Year						
<b>Hired Prior to 2000</b>						
c. 1 Year or more						
<b>Total (a + b + c)</b>						

THE FOLLOWING INFORMATION WILL BE COMPILED FOR THE "2000 CONSUMER INFORMATION REPORT," published by the Bureau of Quality Assurance, per s. 50.095, WIS. STATS.

**(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)**

4. Report the total number of ***paid*** hours (including contracted staff) worked by registered nurses, licensed practical nurses (including non-direct care RN's and LPN's, such as managers or supervisors), and nurse aides/other direct care nurse aides providing service 12/3/00 – 12/16/00. Record total hours for each shift, ***rounded to the nearest quarter hour***, excluding unpaid lunch breaks. USE DECIMALS ONLY, NOT FRACTIONS.  
**Enter as a 3, 4, or 5 digit number, e.g., 8.00, 15.25 or 125.75.**

*(Please use the dates of 12/3/00 – 12/16/00 if possible, otherwise, use the first full two-week pay period in December.)*

[illegible]

F. PHYSICALLY RESTRAINED RESIDENTS ON DECEMBER 31, 2000

**(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE THIS PAGE.)**

A physical restraint is "any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body." The important characteristics of a restraint are that (1) it keeps a resident from freely moving or from reaching a part of his/her body, and (2) the resident cannot easily remove it. This definition means that any of the following devices may or may not be a restraint, depending on how it is used, and the effect upon whom it is used.

Device Definitions

Body holders	Chest, poncho, non self-releasing lap belt, roll belt, wrist, mitt or other device that physically binds resident to something else.
Restrictive equipment	Self-releasing lap belts, support bars, tray tables, lap buddies or merry walkers.
Specialized chairs	Geri chairs, reclining chairs, individually fitted chairs.
Positioning aides	Wedges, pillows, cushions or other positioning devices.
Side rails	Any type of side rail on the bed (half, quarter or full).

Indicate the number of residents on December 31, 2000, who used one or more of the above listed devices.

1. On December 31, 2000, how many residents used one or more devices?  
*(Include both restrained and unrestrained residents.)* .....
2. Of the residents identified in question 1, how many were **physically restrained** by one or more devices? .....  
*(The number reported cannot be greater than the number reported for question 1.)* .....
3. Of the residents identified in question 1, how many residents used side rails? .....  
*(The number reported cannot be greater than the number reported for question 1.)* .....
4. Of the residents identified in question 3, how many were **physically restrained** by side rails? .....  
*(The number reported cannot be greater than the number reported for question 3.)* .....

\* TOTAL **MUST** equal the total on Page 14, Q., Mobility/physically restrained.

**Questions regarding physically restrained residents may be directed to Carey Fleischmann (608-267-7230).**



G. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2000

Of the total residents in your facility on December 31, 2000, how many have resided in your facility

1. Less than 100 days? ..... \_\_\_\_\_
2. 100 days to 180 days? ..... \_\_\_\_\_
3. 181 days to 365 days? ..... \_\_\_\_\_
4. Less than 1 year **subtotal (G1 + G2 +G3)** ..... \_\_\_\_\_ \*
5. 1 Year to less than 2 Years? ..... \_\_\_\_\_
6. 2 Years to less than 3 Years? ..... \_\_\_\_\_
7. 3 Years to less than 4 Years? ..... \_\_\_\_\_
8. 4 Years or more? ..... \_\_\_\_\_
9. **TOTAL (4+5+6+7+8)** ..... \_\_\_\_\_ \*\*

\* **SUBTOTAL MUST** equal the total on Page 15, 6<sup>th</sup> column.

\*\* **TOTAL MUST** equal the total on Page 11, line 4.

H. SUBACUTE CARE

1. Does your facility have a specialized unit dedicated for residents receiving subacute care? ..... ☐ 1. Yes ☐ 2. No
  - a. If yes, number of beds in unit? ..... \_\_\_\_\_
  - b. On December 31, 2000, how many residents were in that unit and receiving subacute care? ..... \_\_\_\_\_
  - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ..... ☐ 1. Yes ☐ 2. No

I. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does your facility currently have an organized group of family members of residents? ..... ☐ 1. Yes ☐ 2. No
  - a. If yes, is the organized group active? ..... ☐ 1. Yes ☐ 2. No
  - b. If yes, how often does the council meet?
 

☐ 1. Once a week

☐ 2. Once a month

☐ 3. Once in three months

☐ 4. Less than quarterly

☐ 5. As often as needed

☐ 6. Other (specify) \_\_\_\_\_

**(check only one)**

**J. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2000**

For each level of care and payer, indicate the number of residents in your facility **ON DECEMBER 31, 2000**, in the appropriate boxes.

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	PRIMARY PAY SOURCE					TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Managed Care	
ISN						
SNF						
ICF-1						
ICF-2						
ICF-3						
ICF-4						
DD1A						
DD1B						
DD2						
DD3						
Traumatic Brain Injury						
Ventilator Dependent						
<b>TOTAL</b>		**				***

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

\*\* TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

\*\*\* TOTAL **MUST** equal the total on Page 11, line 4.

Note: If residents are listed in any category, please provide corresponding rate on Page 5, #1.

**K. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2000**

Of the total Medicaid residents in your facility on December 31, 2000, how many became eligible as Medicaid recipients

1. at the time of admission?
2. within 1-30 days after admission?
3. within 31 days to 1 year after admission?
4. more than 1 year after admission?
5. unknown?
6. **TOTAL (1+2+3+4+5)**

Males	Females	TOTAL
		*

\* TOTAL **MUST** equal the total Medicaid residents in the above table.

**L. RESIDENT IMMUNIZATIONS**

1. Of the residents in your facility on December 31, 2000, how many were immunized against influenza thus far this season (September - December 31, 2000), regardless of where the vaccine was received? ..... \_\_\_\_\_
2. Of the residents in your facility on December 31, 2000, how many have ever received pneumococcal immunization, regardless of where the vaccine was received? ..... \_\_\_\_\_

**M. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD**

1. Persons in home on December 31, 1999 .....  
**(As reported on the 1999 survey, Page 11, Line 4.)**
2. Admissions during the year from
  - a. Private home/apartment with no home health services .....
  - b. Private home/apartment with home health services .....
  - c. Board and care/assisted living/group home .....
  - d. Nursing home .....
  - e. Acute care hospital .....
  - f. Psychiatric hospital, MR/DD facility .....
  - g. Rehabilitation hospital .....
  - h. Other .....
  - i. **Total Admissions** (sum of lines 2.a through 2.h) .....
3. Discharges during the year to
  - a. Private home/apartment with no home health services .....
  - b. Private home/apartment with home health services .....
  - c. Board and care/assisted living/group home .....
  - d. Nursing home .....
  - e. Acute care hospital .....
  - f. Psychiatric hospital, MR/DD facility .....
  - g. Rehabilitation hospital .....
  - h. Deceased .....
  - i. Other .....
  - j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i) .....
4. **Persons in home on December 31, 2000** .....  
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2000, totals elsewhere on the survey.*

N. RESIDENT ADMISSION

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** of all residents who were **ADMITTED DURING 2000**.

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR					
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Managed Care	TOTAL
ISN						
SNF						
ICF-1						
ICF-2						
ICF-3						
ICF-4						
DD1A						
DD1B						
DD2						
DD3						
Traumatic Brain Injury						
Ventilator Dependent						
<b>TOTAL</b>						**

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

\*\* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 11, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** of all residents who were **ADMITTED DURING 2000**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
<b>TOTAL</b>								*

\* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 11, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

O. AGE AND PRIMARY DISABLING DIAGNOSIS FOR ALL RESIDENTS ON DECEMBER 31, 2000

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in your facility.  
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

\*Please specify the **"Other Developmental Disabilities"** on a separate sheet of paper, or at the bottom of this page.

\*\*Please specify the **"Other Medical Conditions"** on a separate sheet of paper, or at the bottom of this page.

\*\*\*TOTAL **MUST** equal the total on Page 11, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 10. J, please note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 14, P.

P. AGE AND SEX OF RESIDENTS ON DECEMBER 31, 2000

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
<b>TOTAL</b>			*

\* **TOTAL *MUST*** equal the total on Page 11, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 13.

Q. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2000

Indicate the number of residents on December 31, 2000, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form HCFA 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

\* **TOTAL *MUST*** equal the total on Page 11, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
<b>Mobility</b>		Receiving tube feedings	
Physically restrained	*	Receiving mechanically altered diets	
<b>Skin Integrity</b>		<b>Medications</b>	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		<b>Other</b>	
		With advance directives	

\* **TOTAL *MUST*** equal the total on Page 8, #2.

**R. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.**

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2000. In the second column, report the number of residents admitted during 2000 and still residing in the nursing home on December 31, 2000. If the resident did not reside in Wisconsin, report the state of last private residence. The number of residents reported in the second column CANNOT exceed the number reported in the first column.

COUNTY	Number of residents on Dec. 31, 2000	Number admitted in 2000 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2000	Number admitted in 2000 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			<b>LEGAL RESIDENCE OTHER THAN WISCONSIN</b>		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			<b>TOTAL</b>	*	**
Marquette			* TOTAL <b>MUST</b> equal the total on Page 11, line 4. ** TOTAL <b>MUST</b> equal Page 9, line 4.		
Menominee					
Milwaukee					

1. Of your residents on December 31, 2000, how many were placed under Chapter 51? .....
2. Of your residents on December 31, 2000, how many had a court-appointed guardian? .....
3. Of your adult residents on December 31, 2000, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)? .....
4. Of your residents on December 31, 2000, how many had an **activated** power of attorney for health care? .....
5. Of your residents on December 31, 2000, how many have ever received PASARR Level II Screenings? .....
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities? .....
7. Of the residents identified in question 5, how many were determined to need special services for mental illness? .....

I hereby certify that I have reviewed the information set forth in this document for its accuracy. The information reported in this document is true and correct.

Name of Administrator (**type or print**) .....

**SIGNATURE** - Administrator .....

Date signed .....

Person responsible for completing this form .....  
*(This is who will be contacted if further information is required.)*

Contact person's telephone number ..... EXT: .....

Area Code/Telephone Number .....  
*(This number will be published in the Nursing Home Directory.)*

Area Code/Fax Number .....

Email Address .....

Date Completed .....

If you are the contact person for *another* nursing home, please list the name and city of that facility below.

.....  
.....

FOR OFFICE USE ONLY			
COUNTY	<input type="text"/>	<input type="text"/>	<input type="text"/>
POPID	<input type="text"/>	<input type="text"/>	<input type="text"/>
BQADISTR	<input type="text"/>		



2000 ANNUAL SURVEY OF NURSING HOMES  
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:

25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.  
50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.  
75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.  
100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.

The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.

2. Report all data for a 12-month period, ending December 31, 2000, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print your answers legibly.

Definitions for Specific Sections

B. SERVICES SECTION

1. Services to non-residents: Check the box for each service provided by your facility to persons who are not residents of the facility.
  - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
  - b,c Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
  - d. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
  - e. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
  - f,g Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

- h. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.
  - i. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
  - j. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
  - l. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.

#### C. UTILIZATION SECTION

- 1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
- 2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

#### D. RESIDENT SECTION

- 1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

#### E. PERSONNEL SECTION

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, **report hours for part-time staff only**, for the first full two-week pay period in December. If your facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Registered Nurse, a Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: a nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

Licensed Practical Nurse: a nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

Nurse Aide: a person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified homes, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: a person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

#### H. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

#### I. FAMILY COUNCIL

- 1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

J. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2000

See pages 2 & 3 of definitions for explanations of DD levels.

K. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2000

Report the number of Medicaid residents, in your facility on December 31, 2000. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

M. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in home on December 31, 1999: Report residents on December 31st, 1999, (rather than January 1st, 2000), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 1999 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 1999 Annual Survey of Nursing Homes, Page 11, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally released from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally released, more than once during the calendar year, count each occurrence as a separate discharge.

N. RESIDENT ADMISSION

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2000. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 2000. Entries made here **MUST** be the resident's level of care and age at the time of admission.

O. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis of all residents in the facility on December 31, 2000. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal  
Petit Mal  
Psychomotor Epilepsy  
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior which are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

#### MENTAL DISORDERS:

ICD-9 331, 290.1-Alzheimer's Disease

##### Organic/Psychotic

ICD-9 290-Senile dementia (excluding 290.1)  
ICD-9 291-Alcoholic psychoses  
ICD-9 292-Drug psychoses  
ICD-9 293-Transient organic psychotic conditions  
ICD-9 294-Other organic psychotic conditions (chronic)

##### Organic/ Non-psychotic

ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage

##### Non-organic/ Psychotic

ICD-9 295-Schizophrenic disorders  
ICD-9 296-Affective psychoses  
ICD-9 297-Paranoid states  
ICD-9 298-Other non-organic psychoses

##### Non-organic/ Non-psychotic

ICD-9 300-Neurotic disorders  
ICD-9 301-Personality disorders  
ICD-9 302-Sexual deviations and disorders  
ICD-9 306-Physiological malfunction arising from mental factors  
ICD-9 307-Special symptoms or syndromes, not elsewhere classified  
ICD-9 308-Acute reaction to stress  
ICD-9 309-Adjustment reaction  
ICD-9 311-Depressive disorder, not elsewhere classified  
ICD-9 312-Disturbance of conduct, not elsewhere classified  
ICD-9 313-Disturbance of emotions specific to childhood and adolescence  
ICD-9 314-Hyperkinetic syndrome of childhood  
ICD-9 316-Psychic factors associated with diseases classified elsewhere

##### Other Mental Disorders

ICD-9 315-Specific delays in development

#### PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

**MEDICAL CONDITIONS:** Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

**Alcohol and Other Drug Abuse (ICD-9 303-305):** A person who uses alcohol and/or other drugs to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

- Q. **Resident Census and Conditions of Residents:** Report the number of residents on December 31, 2000, who have these conditions. Residents **MUST** be counted in each category that applies.
1. **Chapter 51:** Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
  2. **Guardians:** An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
  3. **Chapter 55:** Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
  4. **Activated Power of Attorney:** An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

***If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).***

Thank you for your cooperation.

